Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 20**21**

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For 1	he 2021	calendar year, or tax year beginning	and ending						
_			C Name of organization		D Empl	oyer ide	ntificatio	n numl	oer	
В	Check	If applicable:	ST. CHRISTOPHER'S INN, INC.							
Г	Ad	dress ange	Doing business as		13	-3668	3321			
		me change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone nu				
	Init	tíal retum	21 FRANCISCAN WAY, BOX 150		(8	(845)335-1000				
		al return/ minated	City or town, state or province, country, and ZIP or foreign postal code			10 7 0 .		-		
		ended	GARRISON, NY 10524		G Gross	receipts	\$	9.	.049	,038.
Г	Ap	plication nding	F Name and address of principal officer: DR. JAMES SCHILLER,	PH.D.			up return fo		Yes	X No
-	per	lang	21 FRANCISCAN WAY, BOX 150, GARRISON, NY 1052		I	ordinates	? inates include	ad2	Yes	I No
ī	Tax-e	exempt sta					tach a list.		J	
J		site: ►	WWW.STCHRISTOPHERSINN.ORG	1 1021			ption numb			
<u>-</u> -			Ization: X Corporation Trust Association Other	I. Voor of	formation: 199				micila	NIV
	art		mmary	L Teal Of	iomation: 19	22 W 3	state of it	agai do	mene:	NY
	1			IID T CIIIO DI	EDIC TIN					
a	1 "		describe the organization's mission or most significant activities: ST. C			, INC	<i>.</i> , ⊥	5 A		
Activities & Governance			TANCE ABUSE PROGRAM AND HOMELESS SHELTER DEDI	CATED TO	THE					
rne			BILITATION OF MEN IN CRISIS.		0=04 64					
Š	2		this box if the organization discontinued its operations or disposed				1			
প্র	3	Numbe	er of voting members of the governing body (Part VI, line 1a)			· • •	3			11
S	4		er of independent voting members of the governing body (Part VI, line 1b)				4			11
Ϋ́	5		umber of individuals employed in calendar year 2021 (Part V, line 2a)				5			102
듛	6	lotaln	umber of volunteers (estimate if necessary)				6			13
~	۱ ′ ۰		nrelated business revenue from Part VIII, column (C), line 12				7a			NONE
	į į	Net un	related business taxable income from Form 990-T, Part I, line 11				7b			NONE
Revenue	_				Prior Y				ent Ye	
	8		outions and grants (Part VIII, line 1h),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			8,15				162.
	9		m service revenue (Part VIII, line 2g),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4,40	2,20	3.	<u>3,</u>	769 ,	995.
ě	10		nent income (Part VIII, column (A), lines 3, 4, and 7d)		33	4,54	0.		473,	,520 <u>.</u>
_	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35	0,73	9.	276,941.		941.
	12	Total re	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,44	5,63	6.	7,	259 ,	618.
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	[NONE NONE 5,265,604.				NONE
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)							NONE
Š	15	Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,26				884,	588.
Expenses	16 a	Profess	sional fundraising fees (Part IX, column (A), line 11e)	[NO	NE	NONE		
ğ.			ındraising expenses (Part IX, column (D), line 25) ▶ 272,847.							
Ú	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,23	5,772	2.	2.	635,	311.
	18		openses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,376				899.
	19		e less expenses. Subtract line 18 from line 12			5,740		<u>'</u> -	· · · · · · ·	281.
o s	20 21 22				Beginning of Cu		-+-		of Year	
ang	20	Total as	ssets (Part X, line 16)		7.54	3,792	2.	7.3	329.	399.
Bas	21		abilities (Part X, line 26)			9,325				355.
ĔĔ	22		ets or fund balances. Subtract line 21 from line 20.			4,467				044.
	rt II		nature Block		0,00	1, 10			1221	<u>011.</u>
				s and stateme	nts, and to the	best of r	nv knowi	edge a	nd bel	ief. it is
true	, corre	ect, and co	perjury, I declare that I have examined this return, including accompanying schedule implete. Declaration of preparar (other than officer) is based on all information of which	preparer has a	any knowledge.					
					}					
Sig	n	Sig	nature of officer		Date	e		/		
ler	e		V JAMES Mickles - Cf5			//	1/3/2	22		
		Ty	De or print name and title							
		, ,,,	pe preparer's name Prepare ignature	Date	OL	, T .	PTIN			
aid		'	HAMMERSCHMIDT TOTALLINA	11/3/2	022 Self-e	k [it mployed	'	2011	70	
rep	arer	PAUL Firm's n		. 17 0/2			1 1 0 1	3841		
lse	Only	Firm's n			Firm's EIN		13-5			
1011	tho		ddress > 100 PARK AVENUE NEW YORK, NY 10017-5001		Phone no.		212-			
						• • • • •	X			No
or I	-ape	rwork R	eduction Act Notice, see the separate instructions.					Form	99U 1	(2021)

	_	_	_	_	_	_	
13.	- '≺	h	h	×	ંર	')	ı

	n 990 (2021) Pa
E	rt Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X
2	f "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	f "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	he total expenses, and revenue, if any, for each program service reported.
_	
4a	Code: (Expenses 2,912,220. including grants of None) (Revenue 3,442,919.)
	HUMAN SERVICES PROGRAMS, GENERAL/OTHER - ST. CHRISTOPHER'S INN,
	INC. PROVIDES OUTPATIENT TREATMENT SERVICES INCLUDING DAY REHABILITATION AND MEDICALLY SUPERVISED OUTPATIENT WITHDRAWAL TO
	MEN IN SHELTER FOR ALCOHOLISM AND SUBSTANCE ABUSE WHILE OPERATING
	UNDER NYS OASAS CERTIFICATE 01125430. THE ORGANIZATION ALSO
	OPERATES A FAMILY PROGRAM. IN 2021, THE ORGANIZATION HAD 37,956
	ANNUAL CLIENT UNITS OF SERVICES.
4h	Code:) (Expenses \$ 2,445,049. including grants of \$ NONE) (Revenue \$ NONE)
40	Code:)(Expenses \$2,445,049. including grants of \$NONE)(Revenue \$NONE) HOMELESS SHELTER PROGRAMS - ST. CHRISTOPHER'S INN, INC. OPERATES A
	200 BED TEMPORARY SHELTER LICENSED BY THE NYS DEPARTMENT OF SOCIAL
•	SERVICES FOR APPROXIMATELY 930 MEN, 18 AND OVER, ANNUALLY. THE
•	ORGANIZATION PROVIDES FOOD, CLOTHING AND SHELTER FOR NEARLY 100
	YEARS. IN 2021, THE ORGANIZATION HAD 31,307 SHELTER DAYS.
_	
-	
-	
-	
-	
1c (Code:) (Expenses \$ 287,856. including grants of \$ NONE) (Revenue \$ 7,777.)
	HUMAN SERVICES PROGRAMS, GENERAL/OTHER - ST. CHRISTOPHER'S INN,
_	INC. OPERATES A PRIMARY CARE DIAGNOSTIC TREATMENT FACILITY UNDER
_	NYS ARTICLE 28, WHICH PROVIDES MEDICAL AND PSYCHIATRIC CARE TO ALL
_	SHELTER RESIDENTS AND IS LICENSED UNDER THE NYS DEPARTMENT OF
-	HEALTH. IN 2021, THE ORGANIZATION HAD 143 ANNUAL CLIENT UNITS OF
-	SERVICE.
-	
-	
-	
-	
-	
d (ther program services (Describe on Schedule O.)
	expenses \$ 526,754. including grants of \$ NONE) (Revenue \$ 447,194.)
e T	otal program service expenses ► 6,171,879.

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Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		l
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	}		1
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7]]	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	i	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	,,,		
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110	-	
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	116		<u> </u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1444		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	Х	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•		1000	.,	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
ıza		10-	.,	
h	Schedule D, Parts XI and XII.	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,] [
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

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Pa	rt IV Checklist of Required Schedules (continued)		1 24	T
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	1	1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		.,	
04.	employees? If "Yes," complete Schedule J	23	X	
248	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		}	,,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
ľ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			}
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee]		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			••
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		1,7
-00	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			**
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
00	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			17
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
۰	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	<u>X</u>
Ø	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		37
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27	Ì	v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O		.,	
Dorá		38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
4	Enter the number reported in her 2 of Form 1006. Enter 0 if not applicable		168	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	,	
JSA	reportable gaming (gambling) winnings to prize winners?		X 990 (20211
1E1030	1.000 95352S 702V V21-7.5F		990 (5	2021)
	VZI 1.UE	•	•	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	7
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 102	ŀ		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	}	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	İ ,		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	l i		ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1		i
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	i	
_	required to file Form 8282?	7c		_X_
	If "Yes," indicate the number of Forms 8282 filed during the year	1_ 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on Part VIII, line 12		Ī	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources	!		
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which		ŀ	
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	y, y	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	.		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	\dashv	<u>X</u>
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	f "Yes." complete Form 6069.	••		—

Form **990** (2021)

845-335-1000

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State the name, address, and telephone number of the person who possesses the organization's books and records

and financial statements available to the public during the tax year.

JIM MICKLER, 21 FRANCISCAN WAY, BOX 150, GARRISON, NY 10524

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

[;;]

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

	□ Check this box if neither the	organization nor	any related organizati	on compensated as	ny current officer, director, or trustee.
--	---------------------------------	------------------	------------------------	-------------------	---

(1) DR. JAMES SCHILLER, PH.D. 40.00 X 222,571. NONE 22,174. (2) JAMES MICKLER 20.00 X 92,935. 92,935. 39,674. (3) JANET KARPIZ 40.00 X 159,607. NONE 20,626. (4) DR. STEPHEN SHAPRIO 40.00 X 159,607. NONE 20,626. (4) DR. STEPHEN SHAPRIO 40.00 X 154,543. NONE 14,873. (5) WILLIAM WEEKS 40.00 X 133,104. NONE 32,052. (6) KYLE LIPPMAN 40.00 X 100,774. NONE 10,380. (7) MARK GOLDBERG 1.00 X NONE X NONE	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b office or direct	unle er an	Pos heck ss pe	erson	e than control Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
EXECUTIVE DIRECTOR/CEO	(1) DR JAMES SCHILLER, PH D	40.00									
C2 JAMES MICKLER		 		İ	x				222.571.	NONE	22.174.
CFO/TREASURER									222/0121	1,01,12	22,211
(3) JANET KARPIZ					x				92,935.	92,935.	39,674.
(4) DR. STEPHEN SHAPRIO 40.00 MEDICAL DIRECTOR NONE X 154,543. NONE 14,873. (5) WILLIAM WEEKS 40.00 X 133,104. NONE 32,052. DIR. OF NURSING & ADMISSION NONE X 133,104. NONE 32,052. (6) KYLE LIPPMAN 40.00 X 100,774. NONE 10,380. CONTROLLER NONE X 100,774. NONE 10,380. CHAIRMAN NONE X X NONE NONE NONE CHAIRMAN NONE X X NONE NONE <t< td=""><td></td><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		 									
MEDICAL DIRECTOR	NURSE PRACTITIONER	NONE					х		159,607.	NONE	20,626.
(5) WILLIAM WEEKS	(4) DR. STEPHEN SHAPRIO	40.00									<u> </u>
DIR. OF NURSING & ADMISSION NONE X 133,104. NONE 32,052.	MEDICAL DIRECTOR						х		154,543.	NONE	14,873.
CONTROLLER	(5) WILLIAM WEEKS	40.00	·								
CONTROLLER	DIR. OF NURSING & ADMISSION	NONE					Х		133,104.	NONE	32,052.
CT MARK GOLDBERG	(6) KYLE LIPPMAN	40.00									
CHAIRMAN	CONTROLLER	NONE					Х		100,774.	NONE	10,380.
1.00 VICE-CHAIRMAN	(7) MARK GOLDBERG	1.00									
VICE-CHAIRMAN NONE X X NONE NONE NONE (9) FR. DENNIS POLANCO, S.A. 40.00 X X NONE NO	CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(9) FR. DENNIS POLANCO, S.A. 40.00 PRESIDENT NONE X X NONE	(8) ROBERT OKULSKI	1.00									
PRESIDENT	VICE-CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(10) FR. CHARLES SHARON, S.A 1.00 SECRETARY NONE X X NONE	(9) FR. DENNIS POLANCO, S.A.	40.00			ĺ						
SECRETARY	PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(11) GERALYN FANELLI (FROM 1/21) 1.00 BOARD MEMBER NONE X (12) JAMES FORBES 1.00 BOARD MEMBER NONE X (13) FRANK A. INZIRILLO 1.00 BOARD MEMBER (FROM 1/21) NONE X NONE NONE NONE NONE NONE (14) DR. PATRICIA LENNON 1.00	(10) FR. CHARLES SHARON, S.A	1.00	}			İ					
BOARD MEMBER NONE X NONE NONE NONE (12) JAMES FORBES 1.00 <	SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(12) JAMES FORBES 1.00 BOARD MEMBER NONE X (13) FRANK A. INZIRILLO 1.00 BOARD MEMBER (FROM 1/21) NONE X (14) DR. PATRICIA LENNON 1.00	(11) GERALYN FANELLI (FROM 1/21)	1.00		ļ			.			İ	
BOARD MEMBER NONE X NONE NONE NONE (13) FRANK A. INZIRILLO 1.00 BOARD MEMBER (FROM 1/21) NONE X NONE NONE (14) DR. PATRICIA LENNON 1.00	BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) FRANK A. INZIRILLO 1.00 BOARD MEMBER (FROM 1/21) NONE X (14) DR. PATRICIA LENNON 1.00	(12) JAMES FORBES	1.00								}	
BOARD MEMBER (FROM 1/21) NONE X NONE NONE (14) DR. PATRICIA LENNON 1.00	BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) DR. PATRICIA LENNON 1.00	(13) FRANK A. INZIRILLO	1.00						- 1			
	BOARD MEMBER (FROM 1/21)	NONE	Х						NONE	NONE	NONE
BOARD MEMBER NONE X			İ								
Form 900 (2021)	BOARD MEMBER	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tr	ustees, K	ey Er	nple	oye	es,	and	Hig	hest Compensat	ted Employees	(continued)
(A) Name and title	(B) (C) Average Position (do not check more than on week (list any box, unless person is both as							(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)	o or director	e Institutional trustee	da	direc	Highest compensated	tee) Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
15) VALERIE MASTRONARDI	1.00				İ					
BOARD MEMBER (THRU 3/21)	NONE	Х		ļ		Ĺ		NONE	NON	E NON
16) ALAN MECKLER	1.00									
BOARD MEMBER	NONE	X						NONE	NON	ION E
17) GUY NOVO	1.00		l							
BOARD MEMBER	NONE	X						NONE	NONI	ION I
18) BR. JOSEPH FRANIS O'GARA	1.00			ĺ					•	
BOARD MEMBER	NONE	Х						NONE	NONE	ION I
19) KEVIN VERRONEAU (THRU 9/21)	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	non non
										-
			_							
										4
1b Sub-total					\ 		▶	863,534.	92,935.	139,779
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A 🚬							NONE 863,534.	NONE 92,935.	NON 139,779
Total number of individuals (including but not reportable compensation from the organization)	imited to th						rec			1337773
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru:	stee	e, k	ey e	mpl	oyee, or highest	compensated	Yes No
For any individual listed on line 1a, is the sorganization and related organizations greated individual	sum of repeater than	ortabl \$15	e co	omp)0?	oens <i>If</i>	ation <i>"Ye</i> s,	an "c	d other compensa	ation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npens	atio	n fr	rom	any	unre	elated organization	n or individual	5 X
Section B. Independent Contractors	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					, , , , , , , , , , , , , , , , , , ,				
 Complete this table for your five highest components of compensation from the organization. Report of year. 										
(A) Name and business add	ress							(B) Description of serv	vices C	(C) compensation
MINTZ LEVIN 666 THIRD AVENUE NEW Y	ORK, NY	1001	.7				I	EGAL		146,470.
							1			
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ted	to	those	e lis	ted above) who r	eceived	

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to a	any line in this Part \	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		_			
9	c	Fundraising events 1c	114,922.				
ifts ar 4	d	Related organizations 1d	256,395.		}		
	е	Government grants (contributions) 1e	587,348.	}			
Siz	f	All other contributions, gifts, grants,]			
uti F		and similar amounts not included above . 1f	1,780,497.				
Ę¥	g	Noncash contributions included in		1			
μŽ		lines 1a-1f 1g	\$				
ŭä	h	Total. Add lines 1a-1f		2,739,162.			
			Business Code				
ce	2a	MEDICAID REIMBURSEMENTS	623990	3,546,531.	3,546,531.		
Program Service Revenue	b	PRIVATE INSURANCE FEES	623990	146,337.	146,337.		
Sun	C	TITLE CONGREGATE CARE INCOME	623990	102,857.	102,857.		1
ame	d	SELF PAY FEES	623990	90,620.	90,620.		
ρğ	ľ	NYS PUBLIC GOODS POOL	623990	-116,347.	-116,347.	·	
Pr		All other program service revenue	623990	-3.	-3.		
	f g	Total. Add lines 2a-2f		3,769,995.			
	3	Investment income (including dividends,		.,,			-
	"	other similar amounts)		166,921.			166,921.
	4	Income from investment of tax-exempt bond		NONE			200/3221
	5	Royalties		NONE			
	-	(i) Real	(ii) Personal				
	6a	Gross rents 6a 54,321.	(.,,				
							•
	b	Less: rental expenses 6b Rental income or (loss) 6c 54,321.	NONE	[
	ן נ	()		54,321.	54,321.		
	d 7a	Net rental income or (loss) Gross amount from (i) Securities	(ii) Other	34,321.	34,321.		
	/ a		(ii) Otilei	-			
41		other than inventory 7a 2,093,965.					
her Revenue	b	Less: cost or other basis					
Ş.		and sales expenses 7b 1,787,366.				٠	
æ	C .	Gain or (loss)					
ē	d	Net gain or (loss)		306,599.			306,599.
Oth	8a	Gross income from fundraising					
•		events (not including \$114,922.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	2,054.				
	b	Less: direct expenses 8b	2,054.				
	C	Net income or (loss) from fundraising events					
	9a	Gross Income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	C	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
ĺ	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory, .	<u> ▶</u>	NONE			
2			Business Code	·			
Revenue	11a	VENDING & EMPLOYEE MEALS	900099	62,979.			62,979.
en en	b	OTHER INCOME	900099	159,641.	73,574.		86,067.
6 e	C						
<u> </u>	d	All other revenue					
≧	е	Total. Add lines 11a-11d	>	222,620.			
	12	Total revenue. See instructions		7,259,618.	3,897,890.		622.566.

Form 990 (2021)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic	NOVE			
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE	***************************************		
5					
	trustees, and key employees	357,517.	325,340.	32,177.	
6					
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	~ · · · · · · · · · · · · · · · · · · ·	3,589,124.	3,243,208.	345,916.	
8	Pension plan accruals and contributions (include	39,364.	34,525.	4,839.	
_	section 401(k) and 403(b) employer contributions)	458,875.	405,172.	53,703.	
9	Other employee benefits	439,708.	388,942.	50,766.	
10	Fees for services (nonemployees):	455,700.	300,342.	30,700.	
	Management	NONE			
	Legal	169,604.		169,604.	
	Accounting	111,503.		111,503.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
1	Investment management fees	25,274.		25,274.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	106 560	150 050	154 005	450 005
	(A), amount, list line 11g expenses on Schedule O.)	486,762.	152,852.	154,885.	179,025.
	Advertising and promotion	10,572. 202,331.	7,183. 160,507.	219. 21,117.	3,170. 20,707.
13 14	Office expenses	106,518.	78,645.	11,373.	16,500.
15	Royalties	NONE	70,045.	11,575.	10,500.
16	Occupancy	627,325.	593,233.	34,092.	
17	Travel	31,137.	31,137.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	20,540.	18,423.	2,117.	
20	Interest	NONE			
21	Payments to affiliates	NONE		11 - 10	
22	Depreciation, depletion, and amortization	193,080.	181,482.	11,598.	
23	Insurance	175,142.	154,158.	20,984.	
24	Other expenses, Itemize expenses not covered			·	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	FOOD PROVIDER	241,525.	241,525.		
	MEDICAL SUPPLIES	45,636.	45,636.		
	VIDEO PRODUCTION	39,670.			39,670.
d	LICENSE AND FILING FEES	9,524.	6,835.	2,689.	
е	All other expenses	139,168.	103,076.	22,317.	13,775.
	Total functional expenses. Add lines 1 through 24e	7,519,899.	6,171,879.	1,075,173.	272,847.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)	252 007	220 247		20 460
		252,807.	220,347.		32,460. Form 990 (2021)

13-3668321

		ST. CHRISTOPHER'S INN, INC.		13-	-3668321
_		(2021)			Page 11
	art X				[1
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	636,964	1	406,221
	2	Savings and temporary cash investments	102,619.	2	500,007
	3	Pledges and grants receivable, net	87,764.	3	NON
	4	Accounts receivable, net	208,267.	4	233,031
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON:
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONI
Assets	8	Inventories for sale or use	NONE	8	NONE
ď	9	Prepaid expenses and deferred charges	45,249.	9	79,487.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,831,812.		ĺ	
	b	Less: accumulated depreciation	1,320,804.	10c	1,137,810.
	11	Investments - publicly traded securities	5,114,915.	11	4,963,990.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	27,210.	15	8,853.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,543,792.	16	7,329,399.
	17	Accounts payable and accrued expenses	677,416.	17	572,631.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	10,997.	19	15,099.
	20	Tax-exempt bond liabilities	NONE	20_	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	537.	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third		}	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	19,625.
	26	Total liabilities. Add lines 17 through 25	709,325.	26	607,355.
Seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	6,785,461.	27	6,564,847.
ĕ	28	Net assets with donor restrictions	49,006.	28	157,197.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.		·	•
õ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
t	32	Total net assets or fund balances	6,834,467.	32	6,722,044.
z		Total liabilities and net assets/fund balances		33	7,329,399.
_					Form 990 (2021)

Form **990** (2021)

Form 8	990 (2021)	_			Р	age 1.Z
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,2	259,	618
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,5	19,	899
3	Revenue less expenses. Subtract line 2 from line 1	3				281
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				467
5	Net unrealized gains (losses) on investments	5				858
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	i			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	32, column (B))	10		6.7	22.	044
Part	XII Financial Statements and Reporting	·				
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com					
	reviewed on a separate basis, consolidated basis, or both:	•			}	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		1	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	siaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	-	,	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, exp					
	Schedule O.			İ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in t	he			
	Single Audit Act and OMB Circular A-133?		.	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

. Inspection

Nam	Name of the organization Employer identification number							
ST	. C	HRISTOPHER'S INN,						3668321
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations mus	t compl	ete this	part.) See instruction	ns.
The	org	anization is not a private fo		· ·	•		•	
1	_	A church, convention of ch					170(b)(1)(A)(i).	
2		A school described in sect			-			
3		A hospital or a cooperative	•	-		•		
4		A medical research organ	ization operated ir	n conjunction with a ho	ospital d	escribed	in section 170(b)(1)(A	A)(iii). Enter the
		hospital's name, city, and s						
5		An organization operated		f a college or univers	ity owne	ed or op	erated by a governm	ental unit described in
		section 170(b)(1)(A)(iv). (•					
6	Щ	A federal, state, or local g	-					
7	X	An organization that norm			upport f	rom a g	overnmental unit or f	rom the general public
		described in section 170(b						
8		A community trust describ						
9		An agricultural research or	_			-		-
		or university or a non-land	-grant college of a	griculture (see instruc	ctions). E	Inter the	name, city, and state	of the college or
		university:						
10		An organization that normal receipts from activities relasupport from gross investracquired by the organization	ment income and ເ on after June 30, 1	unrelated business tax 1975. See section 50 9	kable inc)(a)(2). (ome (les Complet	ss section 511 tax) fron e Part III.)	hip fees, and gross in 331/3 % of its n businesses
11		An organization organized	•		-			
12		An organization organized						*
		one or more publicly support	-			-		
		the box on lines 12a throug					<u>-</u>	-
а		☐ Type I. A supporting org						
		the supported organization				ajority o	of the directors or truste	ees of the
		supporting organization.	=" = " = " = " = " = " = " = " = " = "					
b	L	_ Type II. A supporting org	· ·				• • •	
		control or management of		-	tne sam	ie perso	ns that control or mai	rage the supported
_	Г	organization(s). You mus	=		-4	4! _		II !
C	Ш.							lly integrated with,
d		its supported organization Type III non-functionally		-				tod organization(s)
u	-	that is not functionally into			•			• ,
		requirement (see instruct	-	-	-		•	u an auchuveness
е		Check this box if the orga	•	•		•		II Type III
	_	functionally integrated, or					•••	n, Type III
f	Ent	er the number of supported						
g	Pro	vide the following information	on about the supp	orted organization(s).				
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	mad dollors)
۸۱								
A)								
B)								
C)								
D)								
	-	:						
E)								
ota								

Schedule A (Form 990) 2021

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Pa	Support Schedule for Org (Complete only if you check Part III. If the organization fa	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua)(vi) alify under
Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	` `		
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,074,936.	2,106,336.	1,438,645.	2,358,154	. 2,739,162.	10,717,233
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NON
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,074,936.	2,106,336.	1,438,645.	2,358,154	. 2,739,162.	10,717,233
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						840,810.
6	Public support. Subtract line 5 from line 4					1	9,876,423.
	tion B. Total Support	I	I				3,0,0,123,
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,074,936.	2,106,336.	1,438,645.	2,358,154.	2,739,162.	10,717,233.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	147,744.	153,009.	130,248.	115,104.	166,921.	713,026.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE. SURP .PAGE	196,600.	358,299.	116,145.	250,505.	149,046.	1,070,595.
11	Total support. Add lines 7 through 10						12,500,854.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	30,256,729.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.		<u> </u>	third, fourth, o	or fifth tax yea	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup			44 1 (0)			70.01.00
14	Public support percentage for 2021 (lin					14	79.01 %
15	Public support percentage from 2020						77.94 %
16a	331/3% support test - 2021. If the org						
L	box and stop here. The organization qu	-		-			
D	331/3% support test - 2020. If the org						
170	this box and stop here . The organization 10%-facts-and-circumstances test - 2						
1 1 a	10% or more, and if the organization	_			•	•	
	Part VI how the organization meets t						•
	organization			-	•	•	
h	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets					•	•
	organization						
	Private foundation. If the organization						

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Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5..... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Public support. (Subtract line 7c from **Section B. Total Support** (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6...... 10 a Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) % % Section D. Computation of Investment Income Percentage Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))...... 17 % Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 331/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . b 331/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

JSA 1E1221 1,000 Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A. and D. and complete Sections A.

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	/.)	
Sec	tion A. All Supporting Organizations		Vac	l NI -
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		,
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	-	:
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	36		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Port IV	Supporting Organizatio	ne loon	tinuac
Schedule A (For	m 990) 2021		
ST.	CHRISTOPHER'S	INN,	INC

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	1
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1		
_	11c below, the governing body of a supported organization?	11a	—	├
	A family member of a person described on line 11a above?	11b	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	!	
Secti	on B. Type I Supporting Organizations	1.710	<u> </u>	J
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		3.5
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		1	
_			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the appropriation was ide to each of its appropriate appropriations, but the last day of the fifth we at the		Yes	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	n E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructic	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
а	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2021

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org						
1 Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization.	/ing trust or anizations i	n Nov. 20, 1970 (<i>expla</i> must complete Section	nin in Part VI). See ons A through E.			
Section A - Adjusted Net Income						
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors						
(explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 0.035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, column A)	1					
2 Enter 0.85 of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting	organization			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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	Type III Non-Eunctionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		rage
_	Type III Non-Functionally Integrated 509(a)(3) tion D - Distributions	Supporting Organiza	uons (conunuea)		Current Veer
-					Current Year
	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppor	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017			`	
С	From 2018				
d	From 2019				
е	From 2020		· · · · · · · · · · · · · · · · · · ·	寸	
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			+	
h	Applied to 2021 distributable amount				·
	Carryover from 2016 not applied (see instructions)			_	
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from			+	
7	Section D, line 7: \$				
	Applied to underdistributions of prior years			-	
a h	Applied to 2021 distributable amount			+	
b	Remainder. Subtract lines 4a and 4b from line 4.			+	-
C					
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.		<u> </u>	4	
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.			_	
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

ST. CHRISTOPHER'S INN, INC.

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Schedule A (Form 990 or 990-EZ) 2021

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INC	COME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
VENDING & EMPLOYEE MEALS OTHER INCOME	86,122. 110,478.	73,387. 284,912.	77,410. 38,735.	64,605. 185,900.	62,979. 86,067.	364,503. 706,092.
TOTALS	196,600.	358,299.	116,145.	250,505.	149,046.	1,070,595.

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number ST. CHRISTOPHER'S INN, INC. 13-3668321 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a b 2b Number of conservation easements on a certified historic structure included in (a) C 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register........... 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X....

Schedule D (Form 990) 2021

Sch		ISTOPHER'S INN,			13-3668321 Page 2
P	art III Organizations Maintaining Co	llections of Art, His	torical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, acc	ession, and other red	ords, check any of	the following that ma	ke significant use of its
	collection items (check all that apply):				
а	Public exhibition	ď	Loan or exchan	ige program	
b	Scholarly research	e [Other		
C	Preservation for future generations	·			
4	Provide a description of the organization	n's collections and ex	plain how they furth	er the organization's	exempt purpose in Part
	XIII.		•	-	
5	During the year, did the organization solic	it or receive donations	of art, historical trea	asures, or other similar	
	assets to be sold to raise funds rather than	n to be maintained as	part of the organizati	on's collection?	Yes No
Pa	art IV Escrow and Custodial Arrange				
	Complete if the organization a	nswered "Yes" on Fo	orm 990, Part IV, lir	ne 9, or reported an	amount on Form
	990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, cu	stodian or other inte	rmediary for contrib	utions or other assets	not
	included on Form 990, Part X?				. Yes No
b	If "Yes," explain the arrangement in Part 2	XIII and complete the	following table:		
		·		A	mount
C	Beginning balance		<i>.</i> 1	С	
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				· · · · · · · · · · · · · · · · · · ·
2a	Did the organization include an amount or				tv? Yes No
b	If "Yes," explain the arrangement in Part				
	rt V Endowment Funds.		· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization ar	nswered "Yes" on Fo	orm 990, Part IV, lir	ne 10.	
			ior year (c) Two ye		back (e) Four years back
1 a	Beginning of year balance				
b	Contributions				
C	Net investment earnings, gains,				
C	and losses			,	
a	Grants or scholarships				
u					
e	Other expenditures for facilities and programs				
£					
	Administrative expenses				
	End of year balance		(1) 4 1 (-)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>
2 a	Provide the estimated percentage of the c Board designated or quasi-endowment	urrent year end balan %	ce (line 1g, column (a)) neid as:	
b	Permanent endowment > %				
	Term endowment ▶ %				
Ü	The percentages on lines 2a, 2b, and 2c s	hould equal 100%			
32	Are there endowment funds not in the post	•	ation that are hold a	nd administered for the	
Ja	organization by:	session of the organiz	ation that are new a	nu auministereu ior the	Yes No
	•				,
	(i) Unrelated organizations				
h	If "Yes" on line 3a(ii), are the related organ				
				* * * * * * * * * * * * * *	3b
4	Describe in Part XIII the intended uses of to Land, Buildings, and Equipment		owment funds.		·
r a	Complete if the organization an	iswered "Yes" on Fo	rm 990, Part IV, Iin	e 11a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
4 -	lond	(investment)	(other)	depreciation	
	Land				
	Buildings		0 701 000	1 (04 (00	1 000 505
	Leasehold improvements		2,761,275.	1,694,680.	1,066,595.
	Equipment		213,112.		32,513.
e	Other	115 622.5	857,425.	818,723.	38,702.
ota	. Add lines 1a through 1e. (Column (d) mus	π equal ⊢orm 990, Parl	x, column (B), line 1	<i>uc.</i>) ▶	1,137,810.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ST. CHRISTOPHE	R'S INN, INC.	13-3668321 Pa
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		· · ·
(E) (F)		
(F)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(8)		W - Market
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	<u></u>	
Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Desc	cription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
8)		
9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.).	
Part X Other Liabilities.		
Complete if the organization answered " line 25.	'Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
. (a) Description	on of liability	(b) Book value
1) Federal income taxes		
2)DEFERRED RENT		19,625
3)		
4)		
5) 8)		
6) 7)		
8)		
9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		> 19,625
Liability for uncertain tax positions. In Part XIII, provide the te		
ganization's liability for uncertain tax positions under FASB AS		

| Schedule D (Form 990) 2021 | 95352S | 702V | V21-7.5F | **26**

	ule D (Form 990) 2021 ST. CHRISTOPHER'S INN, INC.		3668321 P	age 4
Part		n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	8,218,47	73.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
a	Net unrealized gains (losses) on investments	-		
b	Donated services and use of facilities	- 1		
C	Recoveries of prior year grants	4		
d	Other (Describe in Part XIII.)	-	004 10	20
е	Add lines 2a through 2d	2e	984,12	
3	Subtract line 2e from line 1	3	7,234,34	44.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1		
b	Other (Describe in Part XIII.)	4-	25 25	7.4
С 5	Add lines 4a and 4b	4c	25,27	
Part			7,259,61	.8.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
		1	8,330,89	
1 2	Total expenses and losses per audited financial statements	1	0,330,03	···
	· · · · · · · · · · · · · · · · · · ·	ĺ		
a				
	the year adjacence in the transfer of the tran			
C				
d	(20	026 27	11
e	Add lines 2a through 2d	2e 3	836,27 7,494,62	
3	Subtract line 2e from line 1	3	7,494,62	<u>5.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
_	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4.	25 27	4
С 5	Add lines 4a and 4b	4c	25,27	
	XIII Supplemental Information.	5	7,519,89	9.
2; Part 	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; PXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, IIn ation.	e 4; Part X, III	ne
DEE :	JOIL BEHENIAL TAGE			
				

Part XIII Supplemental Information (continued)

PART X, LINE 2:

ST. CHRISTOPHER'S INN, INC. HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY IN ACCORDANCE WITH U.S. GAAP. U.S. GAAP REQUIRES AN ORGANIZATION TO RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THEY WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2021, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF DECEMBER 31, 2021, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2021

Department of the Treas	ury	.			0 or Form 99			Open to Public
Internal Revenue Service Name of the organization		P G	io to www.irs.gov/Forn	n990 for inst	ructions and	the latest information	Employer identificat	Inspection
ST. CHRISTOPH		S TNN. TNC.					13-36683	
		Activities. Comp	olete if the organ	nization a	nswered '	'Yes" on Form 99		
		EZ filers are not re						
		the organization rai	_		_			
a Mail soli		ons email solicitations	e f			non-government g government grants		
c Phone se			g g	1		ising events	u	
d In-perso	n so	icitations	_			_		
or key emplo b If "Yes," list t	yees he 1	on have a written o listed in Form 990 0 highest paid indi east \$5,000 by the o	, Part VII) or entity viduals or entities	/ in connec	ction with p	professional fundra	ising services?	Yes No fundraiser is to be
(I) Name and or entit			(ii) Activity	custody o	draiser have or control of outlons?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vi) Amount paid to (or retained by) organization
				Yes	No		coi. (i)	
1						:		
2								
3								
4								
5								
6							,	
7								<u> </u>
8								
9				-				
10							·	
Total					▶			
3 List all states registration or	in w	hich the organizati	on is registered o	r licensed	to solicit	contributions or h	nas been notified	it is exempt from
					-			
				<u> </u>				
· · · · · · · · · · · · · · · · · · ·								
					·· - ····			

Schedule G (Form 990) 2021 ST. CHRISTOPHER'S INN, INC. 13-3668321 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through BOARD DINNER NONE col. (c)) (event type) (event type) (total number) Revenue 116,976. 116,976. 2 Less: Contributions 114,922. 114,922. 3 Gross income (line 1 minus <u>2,</u>054. 2,054. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 2,054. 2,054. 2,054. 11 Net income summary. Subtract line 10 from line 3, column (d)...... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (d) Total gaming (add col. (a) through col. (c)) (b) Pull tabs/instant (c) Other gaming (a) Bingo bingo/progressive bingo 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:

Schedule G (Form 990) 2021

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

JSA 1E1282 1.000

If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2021 ST. CHRISTOPHER'S INN, INC. 11 Does the organization conduct gaming activities with nonmembers?	Ye	s No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entire		3 NO
	ty	
formed to administer charitable gaming?	Ye	s No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and	
Name ▶		
Address ▶		
15 a Does the organization have a contract with a third party from whom the organization receives of	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r
revenue?	L Ye:	s No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
amount of gaming revenue retained by the third party ▶ \$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address ▶		
16 Gaming manager information:		
Name ▶	• • • • • • • •	
Gaming manager compensation ▶\$		
Description of services provided ▶		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming produced	ceeds to	
retain the state gaming license?		No
b Enter the amount of distributions required under state law to be distributed to other exempt organ		
or spent in the organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).		

Schedule G (Form 990 or 990-EZ) 2021

V21-7.5F

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Part Questions Regarding Compensation Vee No	ST.	CHRISTOPHER'S INN, INC. 13-366832	L		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Payments for business use of personal residence Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as mald, chauffeur, chef)	Par				
990, Part VII, Saction A, line 1a. Complete Part III to provide any relevant Information regarding these items. First-class or charter travel				Yes	No
Travel for companions	1a				
Tax indernnification and gross-up payments Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending account Discretionary spending spendin		First-class or charter travel Housing allowance or residence for personal use		ŀ	İ
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					ĺ
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the OEO/Executive Director, but explain in Part III.	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee					
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X			9		
Independent compensation consultant Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation may or accrue any compensation contingent on the revenues of: The organization? Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Part VIII Participate in Part VIII. Pror persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 if "Yes," describe in Part III. Pror persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 if "Yes," describe in Part III. Pror persons listed on Form 990, Part VII, Se	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation surface in part III. Participate in or receive payment from an equity-based compensation must complete lines 5-9. Participate in or receive payment fill. Participate in or receive payment from an equity-based compensation must compensat		X Compensation committee Written employment contract			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment?. Participate in or receive payment from a supplemental nonqualified retirement plan? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? The organization on the net earnings of: The organization on the net earnings of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? The organization? The organization? The organization on the net earnings of: Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Independent compensation consultant Compensation survey or study		i	
organization or a related organization: a Receive a severance payment or change-of-control payment?. b Participate in or receive payment from a supplemental nonqualified retirement plan?. c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Form 990 of other organizations X Approval by the board or compensation committee			
b Participate in or receive payment from a supplemental nonqualified retirement plan?		organization or a related organization:	_		
c Participate in or receive payment from an equity-based compensation arrangement?	а		4a		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization?			4b		
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In Part III. In Part III. In Part III. In Part III. In Part III. In III.	С		4c		X
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In Part III. In Part III. In Part III. In Part III. In Part III. In III.		Only section 501(c)(3) 501(c)(4) and 501(c)(29) organizations must complete lines 5-9			
compensation contingent on the revenues of: a The organization?	5				
The organization?					
b Any related organization?	а	· · · · · · · · · · · · · · · · · · ·	5a		Х
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	b				
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		· · · · · · · · · · · · · · · · · · ·			
compensation contingent on the net earnings of: a The organization?	6	· ·	ĺ	ļ	
a The organization?	•				
b Any related organization?	а	· · · · · · · · · · · · · · · · · · ·	62		v
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III					
payments not described on lines 5 and 6? If "Yes," describe in Part III	b	If "Yes" on line 6a or 6b, describe in Part III.	90		
Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			7		X
in Part III	8				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8		X
Regulations section 53.4958-6(c)?	9				
		Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Page 2

ST. CHRISTOPHER'S INN, INC.

Schedule J (Form 990) 2021

Part II

13-3668321

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that

יומאוממויי								
		(B) Breakdown of W-2 and/or		1099-MISC and/or 1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(E) Componention
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
JAMES MICKLER	(i)	92,935.	NONE	NONE	2,749.	17,088	277 211	EINOIN
1 CFO/TREASURER	€	92,935.	NONE	NONE	2,	1	112 772	NONE
DR. STEPHEN SHAPRIO	<u> </u>	154,543.	NONE	NONE		14,873.	169,416	NONE
2 MEDICAL DIRECTOR	€		NONE	NONE		NONE	NONE	
	8	133,104.	NONE	NONE		32.052.	165 156	
3 DIR. OF NURSING & ADM	▣		NONE	NONE	NONE	NONE	NON	
JANET KARPIZ	€	159,607.	NONE	NONE	4,788.	15,838.	180,233	
	a		NONE	NONE	NONE	1	NONE	
DR. JAMES SCHILLER, PH	€	222,571.	NONE	NONE	923.	21,251.	244 745	
5 EXECUTIVE DIRECTOR/CE	€	NONE	NONE	NONE			HNON	THOM
	Ξ						TVO	INCINE
9	(ii)							
	Ξ							
7	(E)							
	(i)							
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Schedule J (Form 990) 2021

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2021
Open to Public Inspection

ST. CHRISTOPHER'S INN, INC.

Employer identification number

13-3668321

FORM 990, PART III, LINE 4D:

1) SAN DAMIANO HOUSE - ST. CHRISTOPHER'S INN UNLICENSED SOBER HOUSE
OPENED IN OCTOBER 2017. THE SOBER HOUSE IS AN EXTENSION OF ST.
CHRISTOPHER'S INN, IT IS A SUPPORTIVE LIVING ENVIRONMENT DEDICATED TO
COMPLETING THE CONTINUUM OF CARE IN THE REHABILITATION OF MEN SUFFERING
FROM CHEMICAL DEPENDENCY. THE SOBER HOUSE PROVIDES HOUSING FOR 24 MEN.

TOTAL EXPENSES: \$281,203. TOTAL REVENUE: \$288,772.

2) BROTHERS CHRISTOPHER HOUSE - ST. CHRISTOPHER'S INN TRANSITIONAL HOUSE.

THE TRANSITIONAL HOUSE IS AN EXTENSION OF ST. CHRISTOPHER'S INN, IT IS A

SUPPORTIVE LIVING ENVIRONMENT DEDICATED TO COMPLETING THE CONTINUUM OF

CARE IN THE REHABILITATION OF MEN SUFFERING FROM CHEMICAL DEPENDENCY

WHILE OPERATING UNDER MYS OASAS CERTIFICATE 200112183. IN 2021, THE HOUSE

HAD 3,988 PATIENT DAYS.

TOTAL EXPENSES: \$245,551. TOTAL REVENUE: \$158,422.

FORM 990, PART VI, SECTION A, LINES 6, 7A AND 7B:

ST. CHRISTOPHER'S INN, INC., HAS A SUBORDINATE RELATIONSHIP WITH THE FRIARS OF THE ATONEMENT, INC. ALTHOUGH THE ORGANIZATION IS A SEPARATE CORPORATION WITH A LEGAL BOARD OF DIRECTORS, IT IS PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF THE FRIARS OF THE ATONEMENT, INC. IN ADDITION, THE GENERAL COUNCIL (ALSO CALLED THE "MEMBER") OF THE FRIARS OF THE ATONEMENT, INC. HAVE "RESERVE POWERS" WHICH SUPERSEDE THE AUTHORITY OF THE ORGANIZATION'S BOARD OF DIRECTORS INCLUDING:

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2021
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

e.gov/form990. Inspection
Employer identification number

- 1) HIRING AND FIRING OF PRESIDENT & CEO WITH OR WITHOUT CAUSE
- 2) APPROVAL OF NEW BOARD MEMBERS
- 3) ALIENATION OR PURCHASE OF REAL PROPERTY BY THE ORGANIZATION
- 4) APPROVAL OF A DEFICIT OPERATING BUDGET

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO OF THE ORGANIZATION REVIEWS THE FORM 990 AS WELL AS SENDS AN EMAIL TO ALL BOARD MEMBERS WITH A PDF FILE OF THE FORM 990 FOR THEIR OPPORTUNITY TO REVIEW. BOARD MEMBERS ARE ASKED TO SUBMIT QUESTIONS OR CHANGES BY A GIVEN DATE, IN ORDER TO FILE ON A TIMELY BASIS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT-OF-INTEREST POLICY IS SIGNED ANNUALLY AND UPON APPOINTMENT OF AN OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE BY THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

COMPARATIVE SALARY FROM SIMILAR ORGANIZATIONS THROUGH MERCER & CO. AND OTHER PUBLICATIONS. UPON COMPLETION OF SURVEY, SALARY COMPENSATION FOR EXECUTIVE DIRECTOR/CEO, CFO, COO AND KEY EMPLOYEES IS APPROVED BY THE BOARD OF DIRECTORS. THE BOARD APPROVES THE BUDGET WHICH INCLUDES DETAILED COMPENSATION FOR THE ABOVE-MENTIONED INDIVIDUALS.

FORM 990, PART VI, SECTION C, LINE 19:

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2021

Name of the organization

ST. CHRISTOPHER'S INN, INC.

Page 2

Imployer identification number

13-3668321

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ST. CHRISTOPHER'S INN, A MINISTRY OF THE FRANCISCAN FRIARS OF THE ATONEMENT, IS A TEMPORARY HOMELESS SHELTER DEDICATED TO THE REHABILITATION OF MEN IN CRISIS WHOM WE CALL "BROTHERS CHRISTOPHER."

OUR MISSION IS TO OFFER A CONTINUUM OF QUALITY HEALTH CARE SERVICES THAT FACILITATE PHYSICAL, EMOTIONAL, AND SPIRITUAL HEALING BY PROVIDING CHEMICAL DEPENDENCY TREATMENT, PRIMARY HEALTH CARE, AND TEMPORARY HOUSING.

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B4-4364-98A8-C11E6
B4-4364-98A8
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Open to Public

Section 512(b)(13) controlled entity? (f)
Direct controlling
entity å × Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 13-3668321 (f) Direct controlling (e) End-of-year assets entity N/A Public charity status (if section 501(c)(3)) (d) Total income e Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) (b) Primary activity Ö X Primary activity CHURCH (a) Name, address, and EIN (if applicable) of disregarded entity (1) FRANCISCAN FRIARS OF THE ATONEMENT, INC. 14-1344809 GARRISON, NY 10524 (a)
Name, address, and EIN of related organization INC. CHRISTOPHER'S INN, P.O. BOX 300 Part II Partl 9 Ξ 3 ම (4) 3 (3) **a** (5) 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2021

Page 2

CHRISTOPHER'S INN, INC. SI.

Schedule R (Form 990) 2021

Part III

13-3668321

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(K) or Percentage og ownership	Š											
	(j) General or managing partner?	Yes			<u> </u>	+				-		 art	
	Code V - UBI amount in box 20 rof Schedule K-1 (Form 1065)	<u>></u>										in Form 990, F	
	Disprepordorate allocations?	Yes No										ed "Yes" o	
	(g) Share of end-of- year assets											nization answer	
	(f) Share of total income											lete if the organ	D
	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)											or Trust. Comp	
	(d) Direct controlling entity		***									le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, anizations treated as a corporation or trust during the tax year.	
ŀ	(c) Legal Dir domicile (state or foreign											Taxable as	
	(b) Primary activity											ed Organizations	
(4)	(a) Name, address, and EIN of related organization											Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34, because it had one or more related organizations treated as a corporation or trust during the fax year	
	Nam R		3	3	(2)	(3)	(4)	(4)	(c)	(9)	(5)	Part IV	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(c) (d) Legal domicile Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets ownership controlled controlled	ownership	12(b)(13) controlled
							.1.6	Yes No
(1)								2
(2)					3			+
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(4)								+
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							-	
(7)								-
							-	

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Schedule R (Form 990) 2021

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Schedule R (Form 990) 2021

ST. CHRISTOPHER'S INN, INC.

Page 3

13-3668321

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Schedule R (Form 990) 2021

13-3668321

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(2)	13	3	School of the second of the se		Tour bound	info.				
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(e) Predominant Are all partners income (related, section unrelated, excluded 501(c)(3) from tax under organizations?	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
3			sections 512 - 514)	Yes No			Yes No		Yes No	
(2)										
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Schedule R (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization		Employer identification number						
ST. CHRISTOPHER'S INN	, INC.	13-3668321						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ındation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion						
501(c)(3) taxable private foundation								
Check if your organization is covered by the General Rule or a Special Rule								
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule								
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribut property) from any one contributor. Complete Parts I and II. See instruction ributions.							
Special Rules								
regulations under sect 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/2 ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), from any one contributor, during the year, total contributions of the greatern (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	Part II, line 13, 16a, or er of (1) \$5,000; or						
contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re year, total contributions of more than \$1,000 exclusively for religious, chapurposes, or for the prevention of cruelty to children or animals. Complete tead of the contributor name and address), II, and III.	aritable, scientific,						
contributor, during the contributions totaled m during the year for an e General Rule applies to	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that request, contributions exclusively for religious, charitable, etc., purposes, but ore than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any of the part of this organization because it received nonexclusively religious, charitable, etc., but no during the year.	no such that were received arts unless the etc., contributions						
	t covered by the General Rule and/or the Special Rules doesn't file Scheo e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its							

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021) Page 2 Name of organization Employer identification number ST. CHRISTOPHER'S INN, INC. 13-3668321

Part I	Contributors (see instructions). Use duplicate copi		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$ 587,348.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 400,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$256,395.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$ 175,344.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$58,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)