

Prager Metis CPAs, LLC 14 Penn Plaza, Suite 1800 New York , NY 10122

> Christodora, Inc. 1 East 53rd Street New York, NY 10022

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PUBLIC	DISCLOSURE	COPY

Form **99** 

### Y **Return of Organization Exempt From Income Tax**

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

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Department of the Internal Revenue		<ul> <li>Go to www.irs.gov/Form990 for</li> </ul>	•	
A For the 2	021 calend	ar year, or tax year beginning	and ending	
B Check if	C Name of	forganization		D Employer identificatio

OMB No. 1545-0047

**Open to Public** 

Inspection

<b>B</b> (	Check if applicab	C Name of organization		D Employer identific	ation number
	Addre chang	e   Christodora, Inc.			
	Name	pe Doing business as		13-556219	92
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	1 East 53rd Street		212371522	25
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,693,283.
	Amer returr	New IOLK, NI 10022		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: O ddi CII KIVKIII		for subordinates?	? Yes 🔀 No
	pendi	_ I East 53rd Street, New York, NY 10022		H(b) Are all subordinates ind	cluded? Yes No
		empt status: 🚺 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions
		te: • www.christodora.org		H(c) Group exemption	,
		f organization: 🚺 Corporation Trust Association Other 🕨	L Year	of formation: 1897 M	I State of legal domicile: NY
Pa	art I	Summary			
ð	1	Briefly describe the organization's mission or most significant activities: $\underline{To \ he}$	elp NY	<u>C students t</u>	hrive
Activities & Governance		through envir science, nature connections			
erné	2	Check this box F if the organization discontinued its operations or dispos	sed of more	1 1	
) No	3				19
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			43
iviti	6	Total number of volunteers (estimate if necessary)			18
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year 702,830.	Current Year 688,514.
ne	8	Contributions and grants (Part VIII, line 1h)		98,800.	180,389.
Revenue	9	Program service revenue (Part VIII, line 2g)		414,966.	935,943.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		74,055.	375,210.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,290,651.	2,180,056.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		86,020.	141,375.
	14			00,020.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		608,245.	770,758.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.00,249.	0.
oen o		Total fundraising expenses (Part IX, column (A), line 116)	)5.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		362,621.	503,151.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,056,886.	1,415,284.
	19	Revenue less expenses. Subtract line 18 from line 12		233,765.	764,772.
D, Nor				ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)		11,176,414.	12,627,821.
Assets Balanc	21	Total liabilities (Part X, line 26)		152,745.	150,490.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		11,023,669.	12,477,331.
Pa	art II	Signature Block	1		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Judy Ruhan	11/22/2022	
Sign	Signature of officer	Date	
Here	Judith Rivkin, Executive Director		
	Type or print name and title		
	Print/Type preparer's name _ Preparer's signature _ 1.nn. Date	Check	PTIN
Paid	Print/Type preparer's name Michael E Williams Preparer's signature Williams 11/09	/22 self-employed P	01054634
Preparer		Firm's EIN 🕨 06 –	1667465
Use Only	Firm's address 🕨 14 Penn Plaza, Suite 1800		
	New York , NY 10122	Phone no. ( 212 )	-643-0099
May the I	RS discuss this return with the preparer shown above? See instructions	[	X Yes No
132001 12-0	19-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2021)

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	<b>r</b> Name of exempt organization or other filer, see instru	uctions.		Taxpayer	identificatio	n number (TIN)
print	Christodora, Inc.				13-55	62192
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, s	see instruct	tions.			
return. Se instructio	e	oreign add	ress, see instructions.			
Enter t	ne Return Code for the return that this application is for (fi	le a separa	te application for each return)			01
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) Christodora, I	07				
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>t</li> <li>t</li> <li>J</li> </ul>	request an automatic 6-month extension of time until	Group Exe and atta Nover ganization's , an	mption Number (GEN) I uch a list with the names and TINs of nber 15, 2022 , to file return for: Id ending	f this is fo all memb	r the whole gers the externation organization organization organization organization organization organization of the second secon	group, check this nsion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 606 stimated tax payments made. Include any prior year over			3b	\$	0.
сE	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			
i	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	l (direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	. see instru	ictions.		Form 8	3868 (Rev. 1-2022)

123841 01-12-22

Check if Schedule O contains a response or note to any line in this Part III		990 (2021) Christodora, Inc.	13-5562192	Page 2
Brefly describe the organization's mission:     To encourage the positive academic and developmental growth of New     York City youth through stimulating educational and challenging     outdoor programs. 3x winner of Hi Impact Award for Program     Excellence.     Dethe organization underlaw any significant program services during the year which were not listed on the     pror form 500 voide2?     Y'Ws' describe these new services on Schedule 0.     Dethe degrazization excess conducting, or make significant thenges in how it conducts, any program services, as measured by expenses.     Section 501(6/3) and 501(6/4) organizations are equived to report the amount of grants and adoctions to others, the total expenses, and     revewee, if any, to each program service acomplements for each of its three largest program services, as measured by expenses.     Section 501(6/3) and 501(6/4) organizations are equived to report the amount of grants and adoctions to others, the total expenses, and     revewee, if any, to each program services camp, Manice Education Center (MEC), located     in the Hoosac mountain range of northern Berkshire County in     Massachusetts, provides the main facility for programs in environmental     education, wilderness camp, Manice Education General (MEC), located     in the Hoosac mountain range of northern Berkshire County in     Massachusetts, provides the grants, proceeding to longer Foundation     and Advanced courses, and cumulating with intensive High School     Leadership Training and BRIDG carceer readiness programs. Building on     foundations of the "3 Re" (positive risk-taking, respect and     responsibility), students set goals, work on team projects, study     ecology and leadership and master challenging backcountry adventures.     [Roweat 186, 82, routoprovent 12, 2000.] (Rowaat 18, 200     Christodora's New Youth Conservationists and other     measured year-round and to become agents of renewal within their     communities and in natural areas throughout the city. Ongoi	Par	t III Statement of Program Service Accomplishments		27
To encourage the positive academic and developmental growth of New York City youth through stimulating educational and challenging Excellence. [20] D the enginization undertake any significant program services during the year which were not listed on the proform 500 or 500±27 [20] D the enginization undertake any significant program services and the engineer of the these charges on Schedule O. D the enginization cause conducting or make significant charges in how it conducts, any program services, as measured by expenses. Sector 50:(0) and 50:(0) comparison services accompliabments for each of its three slagest program services, as measured by expenses. Sector 50:(0) and 50:(0) comparison services camp, Manice Education Center (MEC), located in the Hosora mountain range of northern Berkheire County in Massachusetts, provides the main facility for programs in environmental education, wilderness immersion and development of social emotional skills. MEC offers students between the ages of 11 and 18 a carefully constructed ladder of opportunities beginning with the one-week Introductory Course for sixth graders, proceeding to longer Foundation and Advanced courses, and cumulating with intensive High School Leadership Training and BRIDGE career readiness programs. Building on foundations of the "3 Rs" (positive risk-taking, respect and responsibility), students set goals, work on team projects, study ecology and leadership and master challenging backcountry adventures. (accumulties and in natural areas throughout the city. Ongoing weekend programs are based at Bronx River Park in the Bronx. With expert peer leadership, they perform community engagement and leadership. Students gain exposure to career pathways and develop job readiness skills. (commulties and an ature areas throughout the city. Ongoing weekend programs are based at Bronx River Park in the Bronx. With expert peer leadership, temperate (22,104, mean generation) and citizen science projects and continue Christodora's traditions of environmental stewards				Х
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<pre>stewardship, community engagement and leadership. Students gain exposure to career pathways and develop job readiness skills. </pre>		science projects and continue Christodora's traditions	of environmen	tal
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<pre>kc (code:)(Expenses \$62,104. including grants of \$) (Revenue \$220 In 2020, the "GORP" live-online day camp and other virtual programs helped to keep students connected and exploring environmental science, even if from their windows and on their screens. Educational supplies were delivered to their homes. During the summer of 2021, Christodora re-launched GORP as an all-outdoor nature exploration program for middle schoolers, divided into 1-week sessions with alternating focus on "Plants" or "Animals." This was offered at a local partner park at no fee to 34 students over an 8-week period. de Other program services (Describe on Schedule O.) [Expenses \$1,031,943. Form 990 (2 2002 12-09-21 See Schedule O for Continuation(s)</pre>				
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Form 990 (2021) Christodora, Inc. Part 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	X	
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		<u> </u>
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		<u> </u>
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		<u> </u>
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 "Yes," complete Schedule D, Part I	6		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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		X
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		X
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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	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	
19	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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	0000	X
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 Form 990 (2021)
 Christodora, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	38	х	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V			
			 Voo	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b U</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с		4.	х	
10-1	(gambling) winnings to prize winners?	1c		(2021)
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22	Enter the number of employees reported on Form W.3. Transmittel of Wage and Tax Statements			Yes	No
za	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 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instructions				
3a		·	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	-	4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	rices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	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?		<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	•	13b			
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations and tax on payment(s) of more than \$1,000,000 in remunerations and tax on payment(s) of more than \$1,000,000 in remunerations and tax on payment(s) of more than \$1,000,000 in remunerations and tax on payment(s) of more than \$1,000,000 in remunerations and tax on payment(s) of more than \$1,000,000 in remunerations and tax on payment(s) of more than \$1,000,000 in remunerations and tax on payment(s) of more than \$1,000,000 in remunerations and tax on payment(s) of more tax on payment(s) of				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				
			17		

Pa	n 990 (2021) Christodora, Inc. 13-55 rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "No"		age ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		1	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>   -</u>		
	(This Section D requests mornation about policies not required by the internal neveral code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>			
U		12c	x	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?		X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	·····	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14	- 11	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a	x	
D	Other officers or key employees of the organization	130		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		x
	taxable entity during the year?	<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Stion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> , MA			
Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Stion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> , <u>MA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(			ble
Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY, MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501( for public inspection. Indicate how you made these available. Check all that apply.			ble
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY, MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501( for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain on Schedule O)	(c)(3)s only)	availa	ble
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? extin C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> , MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501( for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	(c)(3)s only)	availa	ble
Sec 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <u>exempt status with respect to such arrangements?</u> <b>exempt status with respect to such arrangements? exempt status with respect to such arrangements for Disclosure for public inspection. Indicate how you made these available. Check all that apply. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. for public during the tax year. for public inspection. for public inspection. for public during the tax year. for public inspec</b>	(c)(3)s only)	availa	ble
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <u>exempt status with respect to such arrangements?</u> <b>exempt status with respect to such arrangements? exempt status with respect to such arrangements? for Disclosure for public inspection. Indicate how you made these available. Check all that apply. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. for public during the tax year. for public during the tax year. for public inspection. for public during the tax year. for public during the tax year. for public during the tax year. for public during the ta</b>	(c)(3)s only)	availa	ble
Sec 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Stion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶NY, MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501( for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other ( <i>explain on Schedule O</i> ) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ <u>Christodora, Inc 2123715225</u>	(c)(3)s only)	availa	ble
<b>Sec</b> 17 18 19 20	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <u>exempt status with respect to such arrangements?</u> <b>exempt status with respect to such arrangements? exempt status with respect to such arrangements? for Disclosure for public inspection. Indicate how you made these available. Check all that apply. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. Indicate how you made these available. for public inspection. for public during the tax year. for public during the tax year. for public inspection. for public during the tax year. for public during the tax year. for public during the tax year. for public during the ta</b>	ic)(3)s only) /, and finan	availa	

Form 990 (		13-5562192	Page 7							
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
-	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
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.										
<ul> <li>List a</li> </ul>	all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations)	, regardless of amount of compension	ation.							

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.

• 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 organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do			ition		ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	ution	r	Key employee	est co oyee	er			organizations
	line)	Indivi	Institutional trustee	Officer	Key e	Highest compensated employee	Former			
(1) Judith Rivkin	35.00									
Executive Director		Х						149,827.	0.	0.
(2) Tatiana Pouschine	3.00									
Chair & Treasurer		Х		Х				0.	0.	0.
(3) Pamela Manice	2.00									
President		Х		Х				0.	0.	0.
(4) Dilip Advani	1.00									
Vice President		Х		Х				0.	0.	0.
(5) William Ambler	1.00									
Secretary		Х		Х				0.	0.	0.
(6) Edward H. Elliman	1.00									
Director		Х						0.	0.	0.
(7) George Gowen	1.00									
Director		Х						0.	0.	0.
(8) Christopher McKenzie	1.00									-
Director		Х						0.	0.	0.
(9) Eva Pomice	1.00									•
Director	1 00	X						0.	0.	0.
(10) James S.R. Rose	1.00									•
Director	1 00	Х						0.	0.	0.
(11) William Washburn	1.00								0	0
Director	1 0 0	Х						0.	0.	0.
(12) Raymond DiPrinzio	1.00	37							0	0
Director (13) Emilie Mittiga	1.00	Х						0.	0.	0.
(13) Emille Mittiga Director	1.00	х						0.	0.	0.
(14) Cecilia Artacho Oh	1.00	Λ						0.	0.	0.
Director	1.00	х						0.	0.	0.
(15) Elizabeth Kuhlenkamp	1.00	Δ						0.	0.	0.
Director	1.00	х						0.	0.	0.
(16) Shyamli Milam	1.00	Δ						0.	0.	0.
Director	<u> </u>	х						0.	0.	0.
(17) J Christopher Walsh	1.00	- 22							0.	<u> </u>
Director		х						0.	0.	0.
132007 12-09-21	I	- 23				1			0.	Form <b>990</b> (2021)
102007 12-03-21					<b>`</b>					(2021)

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	990 (2021) Christodo	ora, Inc								13-55	5621	92	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average						ן than c	ne	<b>(D)</b> Reportable	<b>(E)</b> Reportable	· .		<b>(F)</b> timate	ed
	hours			, unles	ss per	rson i	is both	n an	compensation	compensatio			nount	of
		week (list any							- from the	from related organizations			other pensa	tion
		hours for	Individual trustee or director				ted		organization	(W-2/1099-MIS	I		om the	
		related	stee o	trustee			pensat		(W-2/1099-MISC/	1099-NEC)		•	anizati	
		organizations below	ual tru	Institutional trustee		ƙey employee	st com	_	1099-NEC)				d relati Inizatio	
		line)	Individ	Institu	Officer	Key em	Highest compensated employee	Former				orge	mzati	5115
(18)	Mathew Koven	1.00												
Dire		1 0 0	Х						0.		0.			0.
	Chris Carty	1.00	v						0					0
$\frac{\text{Dire}}{(20)}$	ctor Katrina Cary	1.00	х				-		0.		0.			0.
Dire	-	1.00	х						0.		0.			0.
							-							
									140 007		_			0
	Subtotal								149,827.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								149,827.		0.			0.
2	Total number of individuals (including but n							o re	,	000 of reportable				••
	compensation from the organization						,		,	•				1
													Yes	No
3	Did the organization list any former officer,	-			•			Ŭ	• • •					37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a										·····	-		
-	rendered to the organization? If "Yes." com	-				-			-			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•								, i	ensat	ion fro	m	
	the organization. Report compensation for	he calendar ye	ear e	endir	ig w	ith c	or wi	thin I		ear.				
	(A) Name and business	address	N	ONE	2				<b>(B)</b> Description of s	ervices	C	<b>C)</b> Smpei	• <b>)</b> nsatioi	า
								Τ						
2	Total number of independent contractors (in	•	ot lir	nitec	d to f			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	,					Form	990 (ź	2021)
														_U_ I)

132008 12-09-21

Form	990 (		Inc.			13-5562	192 Page 9
Pa	rt VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
, G		Fundraising events 1c	151,943.				
ar A		Related organizations 1d					
s, G	е	Government grants (contributions)	113,520.				
tion S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	423,051.				
ontro Dd C	-	Noncash contributions included in lines 1a-1f		600 514			
ũ đ	h	Total. Add lines 1a-1f		688,514.			
	0	Youth Development Services	Business Code 611710	180,389.	180,389.		
vice	2a b		011/10	100,305.	100,305.		
Ser	c c						
žer Š	d						
Program Service Revenue	e						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		180,389.			
	3	Investment income (including dividends, intere					
		other similar amounts)		49,322.			49,322
	4	Income from investment of tax-exempt bond p	Г				
	5	Royalties					
	0		(ii) Personal				
		Gross rents <u>6a</u> Less: rental expenses <b>6b</b>					
		Less: rental expenses 6b Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 2,330,352.					
	b	Less: cost or other basis					
en		and sales expenses					
venue	С	Gain or (loss)					
Re		Net gain or (loss)	🕨	886,621.			886,621.
Other R	8 a	Gross income from fundraising events (not					
ò		including \$ 151,943. of					
		contributions reported on line 1c). See Part IV. line 18 8a	248,568.				
	h	Part IV, line 18 8a Less: direct expenses 8b	· · · · · · · · · · · · · · · · · · ·				
		Net income or (loss) from fundraising events		179,072.			179,072
		Gross income from gaming activities. See	F				
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
	_	and allowances 10a					
		Less: cost of goods sold 10k					
-+	С	Net income or (loss) from sales of inventory	Business Code				
sn	11 a	Investment partnership net realiz	523000	196,138.			196,138.
neo	n a b			1,10,100.			
ella. ver	c c						
Miscellaneous <u>Revenue</u>	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		196,138.			
	12	Total revenue. See instructions		2,180,056.	180,389.	0.	1311153.
132009	9 12-09-	21					Form <b>990</b> (2021

PM112631

Form 990 (2021)
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Form 990 (2021) Christodora, Inc. Part IX Statement of Functional Expenses

	<b>t IX</b> Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in			
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	141 205	141 205		
	individuals. See Part IV, line 22	141,375.	141,375.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1/0 027	00 007	20 065	20 065
~	trustees, and key employees	149,827.	89,897.	29,965.	29,965
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	525,636.	423,455.	10,563.	91,618
7	Other salaries and wages	525,050.	425,455.	10,303.	91,010
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	16,521.	14,043.	1,660.	818
9	Other employee benefits	78,774.	66,958.	7,917.	3,899
10	Payroll taxes	10,114.	00,550.	7,517.	5,055
11	Fees for services (nonemployees):				
a h	Management				
D O		27,500.		27,500.	
d	Accounting	27,500.		27,500.	
	Lobbying				
f	Investment management fees	53,351.		53,351.	
' g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A), amount, list line 11g expenses on Sch 0.)	61,385.	5,297.	56,088.	
12	Advertising and promotion	,	c,		
13	Office expenses	32,157.	9,968.	16,642.	5,547
14	Information technology	16,074.	11,252.	3,231.	1,591
15	Royalties				_/
16	Occupancy	69,495.	48,646.	10,216.	10,633
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,880.	54,880.		
23	Insurance	45,100.	38,335.	6,765.	
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 0.)				
а	Food services for progr	27,691.	25,753.	1,938.	
b	Training and recruitmen	21,584.	21,584.		
c	Educational and related	21,431.	21,431.		
d	Repairs and maintenance	19,117.	19,117.		
е	All other expenses	53,386.	39,952.		13,434
25	Total functional expenses. Add lines 1 through 24e	1,415,284.	1,031,943.	225,836.	157,505
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 if following SOP 98-2 (ASC 958-720)

132010 12-09-21

11 2021.05000 CHRISTODORA, INC.

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ır	is	tod	ora,	Inc.	

2Savings and temporary cash investments822,576.28263Pledges and grants receivable, net85,438.390	
Beginning of yearEnd of y1Cash - non-interest-bearing96,560.11332Savings and temporary cash investments822,576.28263Pledges and grants receivable, net85,438.3904Accounts receivable, net4145Loans and other receivables from any current or former officer, director,6	,838. ,017. ,038.
2Savings and temporary cash investments822,576.28263Pledges and grants receivable, net85,438.3904Accounts receivable, net4145Loans and other receivables from any current or former officer, director,66	,017.
2Savings and temporary cash investments822,576.28263Pledges and grants receivable, net85,438.3904Accounts receivable, net4145Loans and other receivables from any current or former officer, director,66	,038.
3Pledges and grants receivable, net85,438.3904Accounts receivable, net4145Loans and other receivables from any current or former officer, director,414	
4Accounts receivable, net4145Loans and other receivables from any current or former officer, director,	,209.
5 Loans and other receivables from any current or former officer, director,	
controlled entity or family member of any of these persons 5	
6 Loans and other receivables from other disgualified persons (as defined	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6	
8     Inventories for sale or use     8       9     Propoid expenses and deferred charges     5       175     9	
9 Prepaid expenses and deferred charges 5,175. 9 57	,411.
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a 1,557,997.	
	,484.
	,652.
	,544.
13   Investments - program-related. See Part IV, line 11	<u> </u>
14 Intangible assets 14	
	,628.
16         Total assets. Add lines 1 through 15 (must equal line 33)         11,176,414.         16         12,627	
	,470.
18 Grants payable 18	
19         Deferred revenue         4,500.         19	500.
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
20 Logra and other payables to any aureant or former officer, director	
Image: Second motor of any of these persons     22       Image: Second motor of any of these persons     22	
controlled entity or family member of any of these persons 22	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
	,520.
<b>26 Total liabilities.</b> Add lines 17 through 25	,490.
Organizations that follow FASB ASC 958, check here 🕨 🔀	
တို and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions 11,004,569. 27 12,477	,331.
28         Net assets with donor restrictions         19,100.         28	0.
ਊ Organizations that do not follow FASB ASC 958, check here ►	
교 and complete lines 29 through 33.	
and complete lines 27, 28, 32, and 33.       11,004,569.       27       12,477         27       Net assets without donor restrictions       19,100.       28         28       Net assets with donor restrictions       19,100.       28         0rganizations that do not follow FASB ASC 958, check here       □         and complete lines 29 through 33.       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       11,023,669.       32       12,477	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	
31 Retained earnings, endowment, accumulated income, or other funds 31	
32         Total net assets or fund balances         11,023,669.32         12,477	
33         Total liabilities and net assets/fund balances         11,176,414.         33         12,627	<u>,821.</u>

Form **990** (2021)

#### Form 990 (2021) Christ Part X Balance Sheet

Form	990 (2021) Christodora, Inc.	13-55	62192	Pad	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,180	),0!	56.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,415	5,28	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	764	.,7'	72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,023	6,60	69.
5	Net unrealized gains (losses) on investments	5	693	,59	93.
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	- 4	.,70	03.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>12,477</u>	<mark>,3</mark> :	<u>31.</u>
Pa	rt 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," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<b>3</b> a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

### Name of the organizatio

Name of the organization Employer identification nu									identification number		
									3-5562192		
Par	tΙ	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	Х	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	5 <b>09(a)(2)</b> .	See section &	509(a)(3). (	Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		<b>Type III functionally inte</b>	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ctions A,	D, and E.				
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness		
		_ requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or		nally integrated supporti	ng organiz	ation.					
f		er the number of supported o	•								
g		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monoton	(vi) Amount of other		
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see ir	,	support (see instructions)		
				above (see instructions))	Yes	No		,			
Tota											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	778,229.	755,470.	627,834.	702,830.	688,514.	3552877.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	778,229.	755,470.	627,834.	702,830.	688,514.	3552877.
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)						653,499.
	Public support. Subtract line 5 from line 4.						2899378.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	778,229.	755,470.	627,834.	702,830.	688,514.	3552877.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	34,432.	44,264.	57,938.	52,470.	44,619.	233,723.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3786600.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,109,338.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			I	
	Public support percentage for 2021 (I		•	())		14	76.57 %
	Public support percentage from 2020					15	75.49 %
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2020.</b> If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

Schedule A (For	rm 990) 202 <sup>-</sup>
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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						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</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 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge					-	
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<ul> <li>b Unrelated business taxable income</li> <li>(less section 511 taxes) from businesses</li> </ul>						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on 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.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ne 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020 Section D. Computation of Invest					16	%
17 Investment income percentage for 20			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
132023 01-04-22					Schedu	le A (Form 990) 2021
		16				

2021.05000 CHRISTODORA, INC.

1

2

3a

3b

3c

4a

Yes No

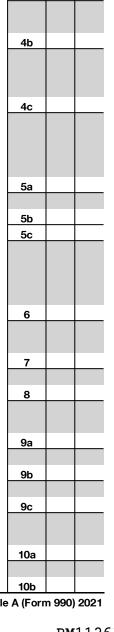
## Part IV | Supporting Organizations

(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 and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 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.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- **5a** 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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.
- c Did a disgualified 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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.)

132024 01-04-21



Schedule A (Form 990) 2021

	(Form 990) 2021	Christodora,	Inc.
Part IV	Supporting Org	ganizations (continued)	

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
			1	

		1
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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
		1

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, supporting organization

		ed the supportin	
Section C.	Type II Sup	porting Org	janizations

 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

 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 managed

 1
 Image: the support of the organization (s)

Section D	. All Type III	Supporting	Organizations					

			Yes	No
1	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		
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 E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisf	, the Integral Part Test during the ve	ar (see instructions).
-	Oneck the box next to the method that the organization used to satisf		<i>a</i> , (eeee

- a 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.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b 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 | | Schedule A (Form 990) 2021

2a

2b

3a

15131109 130075 PM112634.000

2021.05000 CHRISTODORA, INC.

Yes No

Sche	edule A (Form 990) 2021 Christodora, Inc.			13-5562192 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( <i>explain i</i> i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting or	ganization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

8	Distributions to attentive supported organizations to which the				
	(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) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able 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				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
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.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Administrative expenses paid to accomplish exempt purposes of supported organizations

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Schedule A (Form 990) 2021

Section D - Distributions

3

7

13-5562192 Page 7

1

2

3 4

5 6

7

**Current Year** 

Schedule A (Form 990) 2021

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Christodora,	THC.
ation ally Juste awate of EOC	

Schedule A (Form 990) 20	21 Christodor	a, Inc.		13-5562192 Page
Part IV, Secti line 1; Part IV	ental Information. Provide th ion A, lines 1, 2, 3b, 3c, 4b, 4c, 5a /, Section D, lines 2 and 3; Part IV, nes 5, 6, and 8; and Part V, Section ions )	6, 9a, 9b, 9c, 11a, 11b, and 11 Section E, lines 1c, 2a, 2b, 3a, a	c; Part IV, Section B, lines 1 a and 3b; Part V, line 1; Part V, \$	nd 2; Part IV, Section C, Section B, line 1e; Part V,
132028 01-04-22		21		Schedule A (Form 990) 20
31109 130075 1	PM112634.000		CHRISTODORA, INC	с. РМ11

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

13-556219	92	
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Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$  **b** \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>100,000.</u>	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		\$41,500.	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
3		\$21,546.	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
4		\$ <u>15,000.</u>	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
5		\$ <u>50,000.</u>	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
6		\$113,520.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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#### Schedule B (Form 990) (2021)

Christodora, Inc.

Name of organization

Employer identification number

13-5562192

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	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
8_		\$15,000.	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
9		\$15,000.	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
10		\$\$	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
11		\$15,000.	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
123452 11-11		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

### Schedule B (Form 990) (2021)

Christodora, Inc.

Name of organization

Employer identification number

13-5562192

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
Chris	todora, Inc.		13-5562192
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule B (Form 990) (2021)

Page 3

Name of or	rganization			Employer identification number		
hrist	todora, Inc.			13-5562192		
Part III	Exclusively religious, charitable, etc., contribu	itions to organizations described in se	ection 501(c)(7), (8), or (10) t			
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious,	a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. on	ce.) ► \$		
<u></u>	Use duplicate copies of Part III if additionation	Il space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held		
-		(a) Transfer of sid				
		(e) Transfer of gif				
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held		
-						
	(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Deso	cription of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	insferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
—						
	(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
123454 11-11-	-21			Schedule B (Form 990) (202		
		27				

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<sup>2021.05000</sup> CHRISTODORA, INC.

90	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021
	ment of the Treasury I Revenue Service		Attach to Form 990.	-	Open to Public Inspection
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ployer identification number
	-	Christodora, Inc.		_	13-5562192
Par		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or a	Accour	nts. Complete if the
	organizatio		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year		( )	
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value a	t end of year			
5	-		writing that the assets held in donor advised f		
			exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only	
			r donor advisor, or for any other purpose conf	0	
Par	impermissible priv	ate benefit?			Yes No
			ganization answered "Yes" on Form 990, Part	IV, line 7	
1		servation easements held by the organization of land for public use (for example, recrea		otorioally	important land area
		f natural habitat	Preservation of a c		r important land area
	=	of open space			
2			ied conservation contribution in the form of a	conserva	ition easement on the last
-	day of the tax year	<b>o o</b> .			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с	Number of conser		ucture included in (a)		
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization	during the tax
	year 🕨				
4		where property subject to conservation eas			
5	6	tion have a written policy regarding the per			
6	,	orcement of the conservation easements it	holds? handling of violations, and enforcing conserva		
6		a nours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	lion ease	ements during the year
7	Amount of expens		lling of violations, and enforcing conservation	easemen	ts during the year
•	► \$			cusemen	to during the year
8	-	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h)		· · · · · · · · · · · · · · · · · · ·		Yes No
9	In Part XIII, describ		on easements in its revenue and expense stat		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements	that desc	cribes the
		ounting for conservation easements.			<b>_</b>
Par		_	Art, Historical Treasures, or Other	Simila	r Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	U U		8, not to report in its revenue statement and b		
			blic exhibition, education, or research in furthe	rance of	public
	••		ncial statements that describes these items.		have been af
D	-		8, to report in its revenue statement and balar		
			exhibition, education, or research in furthera	ice or pu	
	-	ng amounts relating to these items: ded on Form 990. Part VIII. line 1			\$
					\$
2	.,		asures, or other similar assets for financial gai		T
-		unts required to be reported under FASB A		., թ. շտա	-
а	-			►	\$
					\$
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

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2021.05000	CHRISTODORA,

INC.

	dule D (Form 990) 2021 Christo	dora, Inc.				1	L3-55	62192	Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	make sigr	nificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d		xchange prograi						
b	Scholarly research	е	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical tre	easures, or other	r similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi						_	_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
t	Ending balance							7		1
	Did the organization include an amount on F					r?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i									
1 41		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	hack
4.0	Designing of year balance	(a) Ourient year							yours	buok
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses Grants or scholarships									
	Other expenditures for facilities									
е										
f	and programs Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the curr		l e (line 1a, column	(a)) held as:						
a	Board designated or quasi-endowment		%							
	Permanent endowment									
		<u> </u>								
•	The percentages on lines 2a, 2b, and 2c sho	· -								
3a	Are there endowment funds not in the posse		ation that are held	and administere	ed for the	organizat	tion			
	by:							ſ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a	. See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (investr	• • •	ost or other is (other)	. ,	cumulated	d	(d) Book	value	9
1a	Land		3	71,596.				371	.,59	96.
	Buildings			07,081.	31	12,06	8.		5,01	
	Leasehold improvements									
	Equipment		2	79,320.	24	48,44	5.	30	),87	75.
	Other									
Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part	X. column (B). line	10c.)				997	7,48	34.
						_				

Schedule D (Form 990) 2021

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	ile D (Form 990) 2021		, Inc.	13	-5562192 Page 3
Part		s - Other Securities.			
				11b. See Form 990, Part X, line 12.	
<b>(a)</b> De	scription of security or o	Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	sely held equity intere	ests			
(3) Oth		in nuinete			
(A)	investment	in private		End of Yoom Monkot	Value
<u>(B)</u>	Investment	Tullas	4,659,544.	End-of-Year Market	value
(C) (D)					
(E)					
(E) (F)					
(G)					
( <u>U)</u> (H)					
	Col. (b) must equal Form	n 990, Part X, col. (B) line 12.) 🕨	4,659,544.		
		s - Program Related.			
	Complete if the	organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description	n of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (0 Part		990, Part X, col. (B) line 13.) ►			
Fait			on Form 000 Part IV line	11d. See Form 990, Part X, line 15.	
			Description	11d. See Form 990, Fart X, line 13.	(b) Book value
(1)		(4)	Description		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (	Column (b) must equa	al Form 990, Part X, col. (B) line	e 15.)		
Part	X Other Liabil	ities.			
		•	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a	a) Description of liability			(b) Book value
(1)	Federal income taxes				
(2)	Paycheck p	rotection progr	am loan		113,520.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					112 500
		al Form 990, Part X, col. (B) line			113,520.
z. Liak	plinty for uncertain tax	positions. In Part XIII, provide	e the text of the foothote to	the organization's financial statements t	nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 Christodora, Inc.			13-	5562192	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Re	turn.		
	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	2,674,	220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	693,593.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-4,703.			
е	Add lines 2a through 2d			2e		890.
3	Subtract line 2e from line 1			3	1,985,	330.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,351.			
b	Other (Describe in Part XIII.)	4b	141,375.			
с	Add lines 4a and 4b			4c		726.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,180,	056.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	n Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,220,	558.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,220,	558.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,351.			
b	Other (Describe in Part XIII.)	4b	141,375.			
с	Add lines 4a and 4b			4c		726.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,415,	284.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Christodora is exempt from federal income taxes under Section 501(c)(3) of
the Internal Revenue Code. Christodora, as a public charity, qualifies
for the charitable contribution deduction under Section 170(b)(1)(A) and
has been classified as an organization other than a private foundation
under Section 509(a)(2).
As of December 31, 2021, management has determined that there are no
significant uncertain tax positions requiring recognition in Christodora's
financial statements.

Part XI,	Line Zo	a – Otner	Adjustments:	
132054 10-28-21				

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021         Christodora, Inc.           Part XIII         Supplemental Information (continued)	13-5562192 Page 5
Part XIII Supplemental Information (continued)	
Bad debts	-4,703.
<u> Part XI, Line 4b - Other Adjustments:</u>	
Scholarship underwriting program income	141,375.
<u>Part XII, Line 4b - Other Adjustments:</u>	
Scholarship underwriting program income	141,375.
	Schedule D (Form 990) 2021
132055 10-28-21	

PM112631

SCHEDULE G Supplemental Information Regarding Fundraising or Gamir					ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)						Part IV, line 17, 18, o m 990-FZ, line 6a,	or 19,	or if the	2021
Department of the Treasury	tment of the Treasury Attach to Form 990 or Form 990-EZ, line 6a.								Open to Public
Internal Revenue Service		to www.irs.gov/	Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		dora, Inc	•					13-556	entification number 2192
	complete this part		organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ul> <li>Indicate whether th</li> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	e organization rais tions email solicitations tations licitations on have a written o red in Form 990, Pa ) highest paid indiv	ed funds through or oral agreement v art VII) or entity in viduals or entities (	e Solicita f Solicita g Special vith any individual connection with p	tion of tion of fundra (includ rofessi	non-g gover lising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) A	ctivity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
				Yes	No	-			
Total           3         List all states in whor licensing.	ich the organizatio			contrib	utions	or has been notified	it is o	exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instru	ictions for Form 9	990 or	990-E	Z.		Schedu	le G (Form 990) 2021

132081 10-21-21

Part II 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 gro	oss income on Form 990		vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Annual		None	(add col. (a) through
			Benefit			col. (c)
Ð			(event type)	(event type)	(total number)	
enu						
Revenue	1	Gross receipts	400,511.			400,511.
	2	Less: Contributions	151,943.			151,943.
	3	Gross income (line 1 minus line 2)	248,568.			248,568.
		Cash prizos				
	-	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
Ä						
rect	7	Food and beverages				
ā						
	8	Entertainment Other direct expenses	69,496.			69 496
	10					69,496. 69,496.
		Net income summary. Subtract line 10 from li				179,072.
Pa	irt	III Gaming. Complete if the organization				<u> </u>
		\$15,000 on Form 990-EZ, line 6a.				
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	() 5 5	col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses	<u>ح</u>					
ben	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes %	<b>Yes</b> %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	'	Shoot expense summary. Add lines 2 tillougi				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
					·	
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а	Ist	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	) If "	No," explain:				
10						
		ere any of the organization's gaming licenses re			ear?	Yes No
D D	, 11	Yes," explain:				
					0.1	
13208	32 10	D-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	Christodora,	Inc.		13-5	562192	Page 3
11	Does the organization conduct ga	aming activities with nonme	embers?			Yes	No
				nber of a partnership or other entity formed			
	to administer charitable gaming?					Yes	No No
13	Indicate the percentage of gaming	g activity conducted in:					
а	The organization's facility					13a	%
						13b	%
14	Enter the name and address of th	e person who prepares the	e organiza <sup>:</sup>	tion's gaming/special events books and recor	rds:		
	Name ►						
	Address 🕨						
15a	Does the organization have a con	tract with a third party fron	n whom th	e organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by th	e organiza	ation $\blacktriangleright$ \$ and the am	ount		
	of gaming revenue retained by the						
с	If "Yes," enter name and address	of the third party:					
	Name 🕨						
	Address 🕨						
16	Coming manager information						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided	►					
	Director/officer	Employee	ln In	dependent contractor			
17	Mandatory distributions:						
а	Is the organization required under	r state law to make charital	ble distrib	utions from the gaming proceeds to			
	retain the state gaming license?					Yes	No No
b		•		outed to other exempt organizations or spent	in the		
Da	organization's own exempt activit rt IV Supplemental Infor						01- 101-
1 4				required by Part I, line 2b, columns (iii) and (v nal information. See instructions.	); and Par	t III, lines 9,	90, 100,
	150, 150, 16, and 170, as	applicable. Also provide a					
_							
					0-k - '		000\ 0004
13208	33 10-21-21			35	Schedi	ule G (Form	<del>99</del> 0j 2021

	(containada)		
			Schedule G (Form 990)
132084 11-18-21			
		36	

SCHEDULE (Form 990)	1	Go	arants and Oth vernments, an	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047		
Department of the Treasury         Department of the Treasury										
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the	organization Christodo	ra, Inc.						Employer identification number $13-5562192$		
Part I	General Information on Grants a	nd Assistance								
criteria	he organization maintain records to used to award the grants or assist	stance?				-				
	be in Part IV the organization's pro									
	Grants and Other Assistance to recipient that received more than \$					anization answered "Y	es" on Form 990, Par	TV, line 21, for any		
	me and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance		
	otal number of section 501(c)(3) a cotal number of other organizations									
	enerwork Reduction Act Nation							Sabadula I (Form 990) 2021		

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

Schedule I (Form 990) 2021

Christodora, Inc.

13-5562192

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					discount applied to the cost
					of registration, based on
Scholarships to underwrite the cost of the MEC and					financial need and other
GMF program	85	141,375.	0.	other	criteria

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Scholarships are provided to students attending the MEC and GMF programs

based on economic need, applications are maintained on file and reviewed by

management.

SCHEDULE O (Form 990)

13-5562192

Christodora, Inc.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Half of the staff are returning alumni, providing intensive small group

support, and serving as powerful role models for success.

MEC also hosts school groups for multi-day field trips during the fall and spring, often in connection with the in-classroom Winter Ecology Program (WEP).

The Winter Ecology Program brings teams of Christodora environmental educators to over 70 middle and high school classrooms in under-resourced neighborhoods for an engaging and hands-on 7-week Introduction to Ecology course. The curriculum is customized to meet the needs of each classroom and teacher and is aligned with NY State and Next Generation Science Standards. This hands-on course inspires many students to become involved in our afterschool and Summer Ecology and Leadership programs. In a usual year, 22 school groups take transformative 3-day field trips to the MEC.

Form 990, Part III, Line 4d, Other Program Services: Through the Elliman Scholars program, the most motivated and dedicated students can attend partner programs including National Outdoor Leadership Schools ("NOLS"), the Teton Science Schools, Outward Bound and the Environmental Studies Summer Youth Institute at Hobart and William Smith Colleges.

 The Summer Ecology Program is conducted at the Yale School of Forestry

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 30

Name of the organization Christodora, Inc.	Employer identification number 13-5562192
Camp in the Great Mountain Forest in Norfolk, Connecticu	it. Working in
small groups, specially selected students learn basic eq	cological
concepts and devise, conduct and present original field	research
projects. Christodora has been unable to hold this prog	ram in 2020 and
2021 due to COVID restrictions.	
Expenses \$ 2,489. including grants of \$ 0. Revenue \$	\$ O.
Form 990, Part V, Line 13, List of States with Qualified	l Health Plans:
Form 990, Part VI, Section B, line 11b:	
Copy of Form 990 is furnished to each member of the boar	rd for review before
the return is filed.	
Form 990, Part VI, Section B, Line 12c:	
Conflict of interest declaration form is signed by dired	ctors and officers
at board meeting discussing annual financial statements	and administrative
staff follows up through the year.	
Form 990, Part VI, Section B, Line 15:	
Each year the board reviews salary information on compar	able key positions
available through industry surveys and other research.	
available through industry surveys and other research. Form 990, Part VI, Section C, Line 18:	
Form 990, Part VI, Section C, Line 18:	anization's office,
Form 990, Part VI, Section C, Line 18: Form 1023 is available for public inspection at the orga	anization's office,

31109 130075 PM112634.000	41 2021.05000 CHRISTOD	ORA, IN	IC. PM112
132212 11-11-21	41		Schedule O (Form 990) 2021
Bad debts			-4,703.
Form 990, Part XI, line 9, Change	es in Net Assets:		
request.			
interest policy and financial sta	atements are provided	electro	onically on
electronically on request. Organ	nization's governing d	locumen	ts, conflict of
organization's office, on the web	osite and on Guidestar	, and	can be sent
The organization's Form 990 is av	vailable for public in	spection	on at the
Christodora, Inc.			13-5562192
Schedule O (Form 990) 2021 Name of the organization		Er	Page 2 nployer identification number