

PUBLIC DISCLOSURE

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTOPHER HOUSE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5235 WEST BELDEN AVENUE City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60639			D Employer identification number 23-7316001	
	F Name and address of principal officer: <u>LORI A. BAAS</u> 5235 WEST BELDEN AVENUE CHICAGO, IL 60639			E Telephone number (773) 922-7500	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ <u>14,662,727.</u>	
	J Website: ▶ <u>WWW.CHRISTOPHERHOUSE.ORG</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1906</u> M State of legal domicile: <u>IL</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO CREATE A NATIONAL MODEL FOR HELPING LOW-INCOME, AT-RISK CHILDREN AND THEIR FAMILIES ACHIEVE SUCCESS IN SCHOOL, THE WORKPLACE, AND LIFE.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	23.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23.	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	304.	
	6	Total number of volunteers (estimate if necessary)	200.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,425,264.	11,587,716.
	9	Program service revenue (Part VIII, line 2g)	226,023.	221,648.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,387.	2,527,993.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-92,751.	6,360.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,622,923.	14,343,717.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,669.	10,474.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,856,325.	8,610,661.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>551,562.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,432,372.	3,886,231.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,301,366.	12,507,366.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,678,443.	1,836,351.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	25,684,404.
21		Total liabilities (Part X, line 26)	12,436,155.	10,590,802.
22		Net assets or fund balances. Subtract line 21 from line 20	13,248,249.	15,051,708.

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Part II Signature Block

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.

Sign Here	Signature of officer:	Date
	Type or print name and title: <u>Lori A. Baas</u>	<u>11/19/15</u>

Paid Preparer Use Only	Print/type preparer's name <u>REBEKUH ELEY</u>	Preparer's signature 	Date <u>12/1/2015</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01247672</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>			
	Firm's address ▶ <u>330 N. WABASH, SUITE 3200 CHICAGO, IL 60611</u>	Phone no. <u>312-856-9100</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)