

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form sections B through M: B Check if applicable, C Name of organization (CRISTO REY NETWORK), D Employer identification number (04-3730980), E Telephone number (312-784-7213), F Name and address of principal officer (KELBY WOODARD), G Gross receipts (\$33,355,976), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.CRISTOREYNETWORK.ORG), K Form of organization, L Year of formation (2002), M State of legal domicile (IL)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (KELBY WOODARD), Preparer (ELIZABETH A. SLOWINSKI), and Firm (PASQUESI SHEPPARD LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CRISTO REY NETWORK OF HIGH SCHOOLS DELIVERS A CAREER FOCUSED, COLLEGE PREPARATORY EDUCATION IN THE CATHOLIC TRADITION FOR STUDENTS WITH LIMITED ECONOMIC RESOURCES, UNIQUELY INTEGRATING RIGOROUS ACADEMIC CURRICULA WITH FOUR YEARS OF PROFESSIONAL WORK EXPERIENCE AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 15,946,430. including grants of \$ 9,219,809. ) (Revenue \$ 2,597,564. ) THE CRISTO REY NETWORK IS THE ONLY NETWORK OF HIGH SCHOOLS IN THE COUNTRY THAT INTEGRATE FOUR YEARS OF RIGOROUS COLLEGE PREPARATORY ACADEMICS WITH FOUR YEARS OF PROFESSIONAL WORK EXPERIENCE THROUGH THE CORPORATE WORK STUDY PROGRAM. COMPRISED OF 40 CATHOLIC, CAREER FOCUSED, COLLEGE PREPARATORY SCHOOLS, THE CRISTO REY NETWORK DELIVERS A POWERFUL AND INNOVATIVE APPROACH TO EDUCATION THAT EQUIPS STUDENTS FROM FAMILIES OF LIMITED ECONOMIC MEANS WITH THE KNOWLEDGE, CHARACTER, AND SKILLS TO ACHIEVE THEIR ASPIRATIONS.

SEE CONTINUATION ON SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 15,946,430.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 24		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 24		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	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?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed IL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MELISSA KINZLER - 312-784-7213**  
**104 S. MICHIGAN AVE STE 500, CHICAGO, IL 60603**

**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERI JOHNSON CHIEF CORPORATE PROGR OFFICER	45.00				X		196,321.	0.	17,772.	
(2) BRIAN MELTON SVP EXT. REL., GEN. COUNSEL, SEC.	45.00				X		188,474.	0.	19,679.	
(3) KELBY WOODARD PRESIDENT & CEO	55.00	X		X			185,367.	0.	7,889.	
(4) BRENDA MORRIS CHIEF ADVANCEMENT OFFICER	45.00				X		160,667.	0.	20,080.	
(5) CONOR HEATON DIR. OF SCHOOL GROWTH	45.00				X		168,300.	0.	7,680.	
(6) ELIZABETH GOETTL PRESIDENT & CEO (UNTIL 6/30/23)	55.00				X		163,068.	0.	12,632.	
(7) MELISSA KINZLER CFO, TREASURER, DIR. OF HR	20.00			X			76,484.	0.	0.	
(8) JANE E GENSTER BOARD CHAIR	2.00	X		X			0.	0.	0.	
(9) MICHAEL TADESSE-BELL DIRECTOR	1.00	X					0.	0.	0.	
(10) MARY LEA BORDELON DIRECTOR	1.00	X					0.	0.	0.	
(11) JOANN CHAVEZ DIRECTOR	1.00	X					0.	0.	0.	
(12) KATHY COTE DIRECTOR	1.00	X					0.	0.	0.	
(13) MONTANEA DANIELS DIRECTOR	1.00	X					0.	0.	0.	
(14) JOSEPH DELLA ROSA DIRECTOR	1.00	X					0.	0.	0.	
(15) BARBARA MARCHINI-ELLIS DIRECTOR	1.00	X					0.	0.	0.	
(16) JOHN P. FOLEY, S.J. DIRECTOR	1.00	X					0.	0.	0.	
(17) THOMAS J. HEALEY, CFA DIRECTOR	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TINA HOLLAND DIRECTOR	1.00	X						0.	0.	0.
(19) LAURALYN LEE DIRECTOR	1.00	X						0.	0.	0.
(20) DAVE MASON DIRECTOR	1.00	X						0.	0.	0.
(21) DAN MCCALLIN DIRECTOR	1.00	X						0.	0.	0.
(22) CAMILLE NAUGHTON DIRECTOR	1.00	X						0.	0.	0.
(23) TOM NEITZKE, S.J. DIRECTOR	1.00	X						0.	0.	0.
(24) JOHN E. O'SHEA DIRECTOR	1.00	X						0.	0.	0.
(25) JAMES O'SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(26) CHRIS PERRY DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,138,681.	0.	85,732.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,138,681.	0.	85,732.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	17,655,567.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			17,655,567.			
Program Service Revenue	<b>2 a</b> MEMBERSHIP DUES	<b>Business Code</b>					
		900099		2,597,564.	2,597,564.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			2,597,564.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		856,448.			856,448.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	12,241,544.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	12,197,052.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	44,492.				
<b>d</b> Net gain or (loss) .....			44,492.		44,492.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....	900099		4,853.		4,853.	
	<b>e Total.</b> Add lines 11a-11d .....			4,853.			
<b>12 Total revenue.</b> See instructions .....			21,158,924.	2,597,564.	0.	905,793.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,826,800.	8,826,800.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	393,009.	393,009.		
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, trustees, and key employees	261,851.	202,529.	31,525.	27,797.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,582,024.	2,770,516.	431,251.	380,257.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,015.	97,467.	15,171.	13,377.
9 Other employee benefits	603,200.	466,545.	72,621.	64,034.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	43,166.		43,166.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,031,168.	985,701.	14,217.	31,250.
12 Advertising and promotion	159,368.	89,085.	1,821.	68,462.
13 Office expenses	27,864.	17,800.	2,711.	7,353.
14 Information technology	512,460.	476,131.	11,241.	25,088.
15 Royalties				
16 Occupancy	254,565.	195,444.	29,889.	29,232.
17 Travel	421,332.	346,900.	18,779.	55,653.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,003,629.	965,990.	22,941.	14,698.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	10,909.	8,438.	1,313.	1,158.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROF. DEVELOPMENT</b>	107,988.	98,510.	1,093.	8,385.
b				
c				
d				
e All other expenses	5,819.	5,565.	135.	119.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>17,371,167.</b>	<b>15,946,430.</b>	<b>697,874.</b>	<b>726,863.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	356,354.	<b>1</b>	980,389.
	<b>2</b> Savings and temporary cash investments .....	501,212.	<b>2</b>	29.
	<b>3</b> Pledges and grants receivable, net .....	6,407,745.	<b>3</b>	5,448,214.
	<b>4</b> Accounts receivable, net .....	186,239.	<b>4</b>	231,667.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	21,458.	<b>9</b>	60,916.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	15,178,045.	<b>11</b>	13,559,148.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	5,997,036.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	653,445.	<b>15</b>	2,921,307.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,304,498.	<b>16</b>	29,198,706.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	372,290.	<b>17</b>	321,142.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	45,000.	<b>19</b>	5,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	185,068.	<b>25</b>	2,228,540.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	602,358.	<b>26</b>	2,554,682.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	9,213,294.	<b>27</b>	9,928,688.
	<b>28</b> Net assets with donor restrictions .....	13,488,846.	<b>28</b>	16,715,336.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	22,702,140.	<b>32</b>	26,644,024.
	<b>33</b> Total liabilities and net assets/fund balances .....	23,304,498.	<b>33</b>	29,198,706.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,158,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,371,167.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,787,757.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,702,140.
5	Net unrealized gains (losses) on investments	5	268,527.
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	-114,400.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,644,024.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6257846.	5924545.	9516436.	17399459.	20253131.	59351417.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6257846.	5924545.	9516436.	17399459.	20253131.	59351417.
<b>5</b> 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) .....						20418335.
<b>6 Public support.</b> Subtract line 5 from line 4.						38933082.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	6257846.	5924545.	9516436.	17399459.	20253131.	59351417.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	128,375.	203,213.	273,819.	452,781.	900,940.	1959128.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		2,050.	817.	778.	4,853.	8,498.
<b>11 Total support.</b> Add lines 7 through 10						61319043.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	63.49 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	57.26 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> 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 .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses 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 .....						
<b>12</b> 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

SCHEDULE A. PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FEDERAL TAX REFUNDS

2020 AMOUNT: \$ 2,050

STATE TAX REFUNDS

2021 AMOUNT: \$ 669

ALL OTHER REVENUE

2021 AMOUNT: \$ 148

2022 AMOUNT: \$ 778

2023 AMOUNT: \$ 4,853





**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

CRISTO REY NETWORK

Employer identification number

04-3730980

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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**

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 ..... \$ \_\_\_\_\_

**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).

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

Schedule B (Form 990) (2023)

Name of organization <b>CRISTO REY NETWORK</b>	Employer identification number <b>04-3730980</b>
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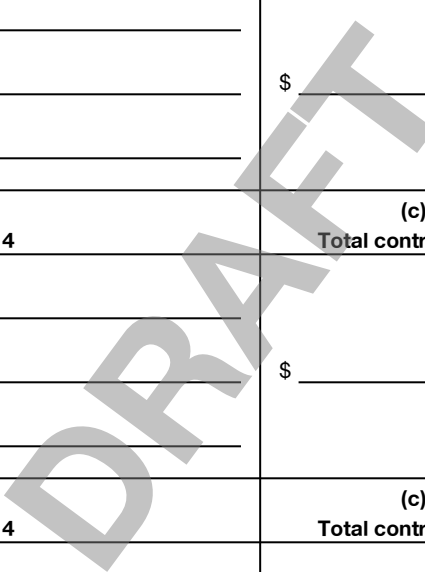
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS 104 S MICHIGAN AVE STE 500 CHICAGO, IL 60603	\$ 5,077,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOHN AND KATHLEEN SCHREIBER 682 BANK LANE, SUITE 200 LAKE FOREST, IL 60045	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE HOWLEY FOUNDATION 600 SUPERIOR AVENUE E., SUITE 1701 CLEVELAND, OH 44114	\$ 2,044,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DELOITTE FOUNDATION 695 EAST MAIN STREET STAMFORD, CT 06901	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SUSAN AND DANIEL WHITE 2500 ELM AVENUE MANHATTAN BEACH, CA 90266	\$ 715,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE CENTER FOR EDUCATION REFORM 1455 PENNSYLVANIA AVE. SUITE 250 WASHINGTON, DC 20004	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CRISTO REY NETWORK</b>	Employer identification number  <b>04-3730980</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

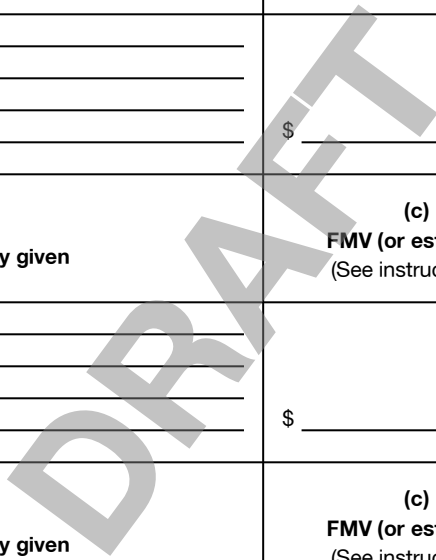
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE MARIO FAMILY FOUNDATION  PO BOX 445  CHATHAM, NJ 07928	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>CRISTO REY NETWORK</b>	Employer identification number  <b>04-3730980</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

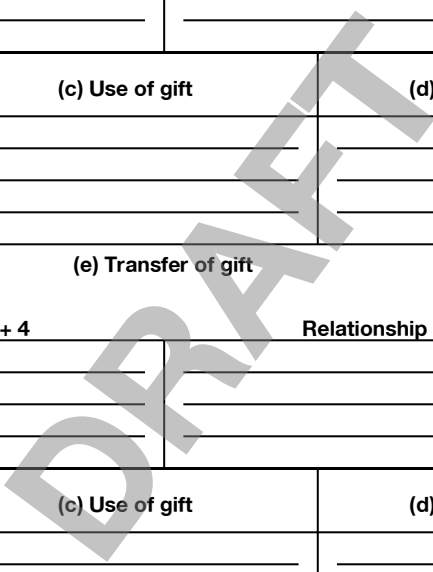
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization  <b>CRISTO REY NETWORK</b>	Employer identification number  <b>04-3730980</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization CRISTO REY NETWORK Employer identification number 04-3730980

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included on line 2a, d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,758,406.	2,547,593.	1,230,037.	956,163.	1,108,408.
b Contributions	630,368.	175,609.	1,374,586.	261,900.	287,070.
c Net investment earnings, gains, and losses	172,412.	35,204.	-57,030.	11,974.	11,025.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					450,340.
g End of year balance	3,561,186.	2,758,406.	2,547,593.	1,230,037.	956,163.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 38.5440 %
  - b Permanent endowment 61.4560 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MISSION DIOCESE FUND LLC	5,997,036.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5,997,036.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	72,108.
(2) OPERATING LEASE RIGHT-OF-USE ASSET	2,228,540.
(3) CASH SURRENDER VALUE OF LIFE INSURANCE	469,326.
(4) SECURITY DEPOSIT	151,333.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,921,307.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	2,228,540.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,228,540.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	13,032,376.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	268,527.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	948.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		269,475.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	12,762,901.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	8,396,023.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		8,396,023.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	21,158,924.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	9,090,492.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	9,090,492.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	8,280,675.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		8,280,675.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	17,371,167.

**Part 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:**

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF LIFE INSURANCE POLICY

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

PASS THROUGH SPONSORSHIPS

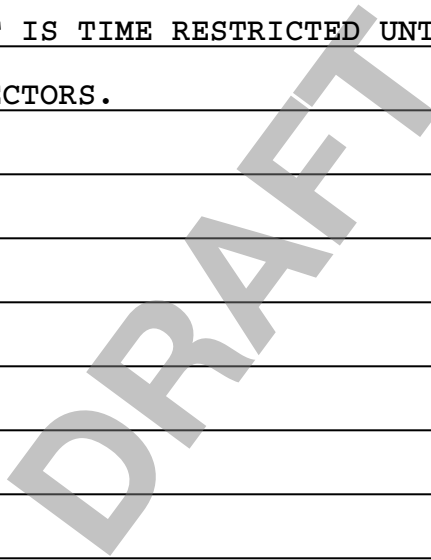
**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

PASS THROUGH SPONSORSHIPS

PART V, LINE 4

THE ORGANIZATION MAINTAINS THE JOHN P. FOLEY, SJ LEGACY FUND, A RESTRICTED  
 ENDOWMENT FUND. AT JUNE 30, 2024, THE ENDOWMENT CONSISTS OF CUMULATIVE  
 DONATIONS TO BE HELD IN PERPETUITY OF \$1,669,224 AS WELL AS A LIFE  
 INSURANCE POLICY WITH A CASH SURRENDER VALUE OF \$469,326 AND A PLEDGE  
 RECEIVABLE OF \$50,000. THE INCOME GENERATED BY THIS ENDOWMENT FUND DOES  
 NOT HAVE DONOR RESTRICTIONS; BUT IS TIME RESTRICTED UNTIL APPROPRIATED BY  
 THE ORGANIZATION'S BOARD OF DIRECTORS.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **CRISTO REY NETWORK** Employer identification number **04-3730980**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ARRUPE JESUIT HS (DENVER) 4343 UTICA STREET DENVER, CO 80212	02-0628872	501(C)(3)	92,500.	0.			GENERAL SUPPORT
CRISTO REY RESEARCH TRIANGLE HIGH SCHOOL (RALEIGH) - 334 BLACKWELL STREET - DURHAM, NC 27701	83-2027747	501(C)(3)	84,000.	0.			GENERAL SUPPORT
CRISTO REY RICHMOND HIGH SCHOOL 304 N. SHEPPARD STREET RICHMOND, VA 23221	81-2742073	501(C)(3)	82,500.	0.			GENERAL SUPPORT
CRISTO REY SACRAMENTO HIGH SCHOOL 8475 JACKSON ROAD SACRAMENTO, CA 95824	04-3832927	501(C)(3)	82,500.	0.			GENERAL SUPPORT
CRISTO REY SAN DIEGO 3525 DEL MAR HEIGHTS RD., #882 SAN DIEGO, CA 92130	82-1922472	501(C)(3)	143,000.	0.			GENERAL SUPPORT
CRISTO REY SAN JOSE JESUIT HIGH SCHOOL (SAN JOSE) - 1390 FIVE WOUNDS LANE - SAN JOSE, CA 95116	46-2594689	501(C)(3)	78,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 41.
- 3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY SEATTLE 10001 57TH AVE S SEATTLE, WA 98178	87-4002665	501(C)(3)	24,000.	0.			GENERAL SUPPORT
CRISTO REY ST. MARTIN HIGH SCHOOL (WAUKEGAN) - 3106 BELVIDERE ROAD - WAUKEGAN, IL 60085	42-1597059	501(C)(3)	82,500.	0.			GENERAL SUPPORT
CRISTO REY TAMPA SALESIAN HIGH SCHOOL - 6400 E. CHELSEA STREET - TAMPA, FL 33610	47-3494960	501(C)(3)	82,500.	0.			GENERAL SUPPORT
DELASALLE NORTH CATHOLIC HS (PORTLAND) - 4300 NE KILLINGSWORTH STREET - PORTLAND, OR 97217	93-1287554	501(C)(3)	93,000.	0.			GENERAL SUPPORT
DEPAUL CRISTO REY (CINCINNATI) 1133 CLIFTON HILLS AVENUE CINCINNATI, OH 45220	27-2417727	501(C)(3)	78,000.	0.			GENERAL SUPPORT
DETROIT CRISTO REY (DETROIT) 5679 W. VERNOR HIGHWAY DETROIT, MI 48209	26-3176934	501(C)(3)	82,500.	0.			GENERAL SUPPORT
DON BOSCO CRISTO REY HS (WASHINGTON DC) - 1010 LARCH AVENUE - TAKOMA PARK, MD 20912	06-1786297	501(C)(3)	82,500.	0.			GENERAL SUPPORT
HOLY FAMILY CRISTO REY CATHOLIC HS (BIRMINGHAM) - 1832 CENTER WAY SOUTH - BIRMINGHAM, AL 35218	80-0470825	501(C)(3)	82,500.	0.			GENERAL SUPPORT
ICA CRISTO REY ACADEMY (SAN FRANCISCO) - 3625 24TH STREET - SAN FRANCISCO, CA 94110	94-1156675	501(C)(3)	88,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME HIGH SCHOOL (LAWRENCE) 203 LAWRENCE STREET METHUEN, MA 01844	02-0296284	501(C)(3)	82,500.	0.			GENERAL SUPPORT
PROVIDENCE CRISTO REY HS (INDIANAPOLIS) - 75 N. BELLEVIEW PLACE - INDIANAPOLIS, IN 46222	20-3585867	501(C)(3)	88,000.	0.			GENERAL SUPPORT
SAINT MARTIN DE PORRES HS (CLEVELAND) - 6202 ST. CLAIR AVENUE - CLEVELAND, OH 44103	52-2401852	501(C)(3)	78,000.	0.			GENERAL SUPPORT
CRISTO REY PHILADELPHIA (PHILADELPHIA) - 1717 W. ALLEGHENY AVENUE - PHILADELPHIA, PA 19132	27-3106321	501(C)(3)	107,500.	0.			GENERAL SUPPORT
SAN MIGUEL HS (TUCSON) 6601 S. SAN FERNANDO ROAD TUCSON, AZ 85756	48-1270906	501(C)(3)	130,000.	0.			GENERAL SUPPORT
CRISTO REY ORLANDO 3358 OAKMONT TERRACE LONGWOOD, FL 32779	88-0636796	501(C)(3)	5,091,675.	0.			GENERAL SUPPORT
CRISTO REY OKLAHOMA CITY 900 N. PORTLAND AVENUE OKLAHOMA CITY, OK 73107	47-5521087	501(C)(3)	78,000.	0.			GENERAL SUPPORT
CHRIST THE KING JESUIT COLLEGE PREP (CHICAGO) - 5088 W. JACKSON BOULEVARD - CHICAGO, IL 60644	26-0556958	501(C)(3)	109,125.	0.			GENERAL SUPPORT
CRISTO REY ATLANTA JESUIT HIGH SCHOOL (ATLANTA) - 222 PIEDMONT AVENUE NE - ATLANTA, GA 30308	45-5550340	501(C)(3)	92,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY BOSTON HIGH SCHOOL (BOSTON) - 100 SAVIN HILL AVE - BOSTON , MA 02125	56-2438544	501(C)(3)	88,000.	0.			GENERAL SUPPORT
CRISTO REY BROOKLYN HIGH SCHOOL 710 E. 37TH STREET BROOKLYN, NY 11203	26-2433224	501(C)(3)	177,500.	0.			GENERAL SUPPORT
CRISTO REY COLUMBUS (COLUMBUS) 400 E. TOWN STREET COLUMBUS, OH 43215	27-4864843	501(C)(3)	78,000.	0.			GENERAL SUPPORT
CRISTO REY JESUIT HS OF HOUSTON (HOUSTON) - 6700 MOUNT CARMEL DRIVE - HOUSTON, TX 77087	26-3159838	501(C)(3)	78,000.	0.			GENERAL SUPPORT
CRISTO REY DALLAS COLLEGE PREP 9701 SAN LEON AVENUE DALLAS, TX 75217	46-3737066	501(C)(3)	88,000.	0.			GENERAL SUPPORT
CRISTO REY DE LA SALLE EAST BAY HIGH SCHOOL - 1530 34TH AVENUE - OAKLAND, CA 94601	82-1257099	501(C)(3)	78,000.	0.			GENERAL SUPPORT
CRISTO REY FORT WORTH 2633 ALTAMESA BOULEVARD FORT WORTH, TX 76104	47-4720831	501(C)(3)	82,500.	0.			GENERAL SUPPORT
CRISTO REY JESUIT HS (BALTIMORE) 420 S. CHESTER STREET BALTIMORE, MD 21231	05-0632734	501(C)(3)	78,000.	0.			GENERAL SUPPORT
CRISTO REY JESUIT HS (CHICAGO) 1852 W. 22ND PLACE CHICAGO, IL 60608	36-4067306	501(C)(3)	87,500.	0.			GENERAL SUPPORT

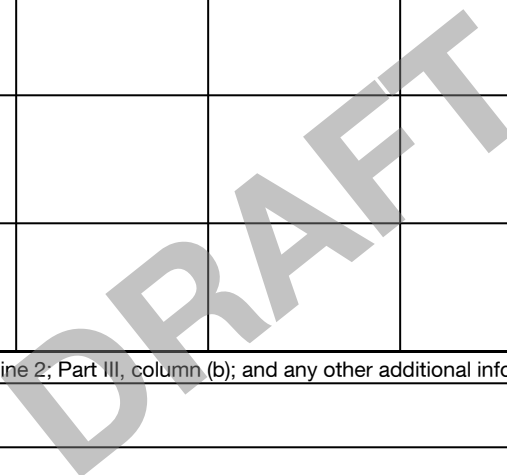
Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY JESUIT HS (TWIN CITIES) 2924 4TH AVENUE SOUTH MINNEAPOLIS, MN 55408	20-4548714	501(C)(3)	82,500.	0.			GENERAL SUPPORT
CRISTO REY JESUIT HS MILWAUKEE 1818 W. NATIONAL AVE MILWAUKEE, WI 53214	46-5457943	501(C)(3)	79,000.	0.			GENERAL SUPPORT
CRISTO REY KANSAS CITY HS (KANSAS CITY) - 211 W. LINWOOD BOULEVARD - KANSAS CITY, MO 64111	20-2842522	501(C)(3)	93,000.	0.			GENERAL SUPPORT
CRISTO REY LAS VEGAS (LAS VEGAS) 2880 N. VAN DER MEER ST. LAS VEGAS, NV 89030	82-1415378	501(C)(3)	93,000.	0.			GENERAL SUPPORT
CRISTO REY MIAMI 11921 S. DIXIE HIGHWAY, #209 PINCEREST, FL 33161	82-0761238	501(C)(3)	24,000.	0.			GENERAL SUPPORT
CRISTO REY NEW YORK HS (NEW YORK) 112 E. 106TH STREET NEW YORK, NY 10029	03-0495750	501(C)(3)	187,500.	0.			GENERAL SUPPORT
CRISTO REY ORANGE COUNTY 2204 W MCFADDEN AVE SANTA ANA, CA 92704	84-3879474	501(C)(3)	39,000.	0.			GENERAL SUPPORT
VERBUM DEL HS (LOS ANGELES) 11100 S. CENTRAL AVE LOS ANGELES, CA 90059	95-2225787	501(C)(3)	278,000.	0.			GENERAL SUPPORT

**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
SCHOLARSHIPS	62	393,009.	0.		



**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

THE FOLLOWING TYPE OF GRANT FUNDS ARE DISBURSED BY THE CRISTO REY NETWORK NATIONAL OFFICE:

1. SCHOLARSHIPS ARE AWARDED ONLY TO ALUMNI OF CRISTO REY MEMBER SCHOOLS. THESE SCHOLARSHIPS ARE PROVIDED DIRECTLY TO STUDENT RECIPIENTS' SCHOOLS.

2. SCHOOL GRANTS ARE AWARDED ONLY TO CRISTO REY MEMBER SCHOOLS. THE CRISTO REY NETWORK NATIONAL OFFICE IMPLEMENTS PROCEDURES TO ENSURE THE

**Part IV** Supplemental Information

FUNDS ARE USED FOR THE INTENDED CHARITABLE PURPOSE INCLUDING FINANCIAL  
OVERSIGHT AND REPORTING AND SITE VISITS.

DRAFT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**CRISTO REY NETWORK**

Employer identification number

**04-3730980**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERI JOHNSON CHIEF CORPORATE PROGR OFFICER	(i)	196,321.	0.	0.	7,853.	9,919.	214,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN MELTON SVP EXT. REL., GEN. COUNSEL, SEC.	(i)	188,474.	0.	0.	7,539.	12,140.	208,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KELBY WOODARD PRESIDENT & CEO	(i)	185,367.	0.	0.	7,415.	474.	193,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRENDA MORRIS CHIEF ADVANCEMENT OFFICER	(i)	160,667.	0.	0.	6,427.	13,653.	180,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CONOR HEATON DIR. OF SCHOOL GROWTH	(i)	168,300.	0.	0.	6,732.	948.	175,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH GOETTL PRESIDENT & CEO (UNTIL 6/30/23)	(i)	163,068.	0.	0.	6,523.	6,109.	175,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CRISTO REY NETWORK

Employer identification number

04-3730980

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLEGE PREPARATORY EDUCATION IN THE CATHOLIC TRADITION FOR STUDENTS  
WITH LIMITED ECONOMIC RESOURCES, UNIQUELY INTEGRATING RIGOROUS ACADEMIC  
CURRICULA WITH FOUR YEARS OF PROFESSIONAL WORK EXPERIENCE AND SUPPORT  
TO AND THROUGH COLLEGE. WE PARTNER WITH EDUCATORS, BUSINESSES AND  
COMMUNITIES TO ENABLE STUDENTS TO FULFILL THEIR ASPIRATIONS FOR A  
LIFETIME OF SUCCESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT TO AND THROUGH COLLEGE. WE PARTNER WITH EDUCATORS, BUSINESSES  
AND COMMUNITIES TO ENABLE STUDENTS TO FULFILL THEIR ASPIRATIONS FOR A  
LIFETIME OF SUCCESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WHILE CRISTO REY SCHOOLS ARE LOCALLY OWNED AND OPERATED, THE CRISTO REY  
NETWORK NATIONAL OFFICE PROTECTS THE INTEGRITY OF THE MOVEMENT  
AND ADVANCES SCHOOL EXCELLENCE AND INNOVATION BY:

- SURFACING, SCALING, AND STANDARDIZING EFFECTIVE PRACTICES ACROSS ALL  
SCHOOLS THROUGH PROFESSIONAL DEVELOPMENT OFFERINGS, CONVENINGS, AND  
CONSULTATION IN ACADEMICS, COLLEGE ENROLLMENT AND COMPLETION, CORPORATE  
WORK STUDY PROGRAM, PERFORMANCE MEASUREMENT, AND GOVERNANCE;
- FACILITATING NEW SCHOOL GROWTH THROUGH DEVELOPMENT AND IMPLEMENTATION  
OF A NATIONAL GROWTH PLAN AND SUPPORT FOR NEW SCHOOLS;
- SUPPORTING MISSION ACCOUNTABILITY AS DEFINED BY THE MISSION  
EFFECTIVENESS STANDARDS THROUGH SCHOOL EVALUATIONS AND DATA ANALYSIS;

AND

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

CRISTO REY NETWORK

Employer identification number

04-3730980

- STEWARDING NATIONAL BRANDING, VISIBILITY, AND FUNDRAISING.

FORM 990, PART VI, SECTION A, LINE 6:

THE CRISTO REY NETWORK IS COMPRISED OF 40 HIGH SCHOOLS THAT PROVIDE A QUALITY, CATHOLIC, COLLEGE PREPARATORY EDUCATION TO URBAN YOUNG PEOPLE WHO LIVE IN COMMUNITIES WITH LIMITED EDUCATIONAL OPTIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CRISTO REY NETWORK SCHOOLS ELECT THE MAJORITY OF THE MEMBERS OF THE BOARD.

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

THE FINANCE COMMITTEE (COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR SELECTION OF AN INDEPENDENT ACCOUNTANT, OVERSIGHT OF THE AUDIT AND REVIEW OF THE FINANCIAL STATEMENTS AND FORM 990. THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND THEN DISTRIBUTES TO THE FULL BOARD FOR THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

INTERNAL CONTROL POLICIES ARE DESIGNED TO BRING ANY CONFLICT OF INTEREST THAT MAY ARISE IN RELATIONS OF DIRECTORS, OFFICERS AND MANAGEMENT EMPLOYEES TO MANAGEMENT'S ATTENTION. ANY CONFLICT OF INTEREST THAT IS IDENTIFIED IS DISCLOSED TO THE BOARD. THE BOARD THEN DETERMINES WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR AND REASONABLE TO CRISTO REY NETWORK.

Name of the organization CRISTO REY NETWORK	Employer identification number 04-3730980
--	--

## FORM 990, PART VI, SECTION B, LINE 15:

IN ESTABLISHING AND REVIEWING THE COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER HIGHLY COMPENSATED EMPLOYEES, THE CRISTO REY NETWORK BOARD COMPILES AND REVIEWS COMPENSATION DATA AVAILABLE FROM PUBLIC SOURCES (INCLUDING 990S) PAID BY ORGANIZATIONS OF COMPARABLE SIZE AND SCOPE TO EMPLOYEES OF COMPARABLE TITLE AND ROLE. THE FINANCE COMMITTEE CONDUCTS SUCH REVIEWS ANNUALLY AS PART OF THE BUDGETING PROCESS AND THE EXECUTIVE COMMITTEE DOES SO PERIODICALLY WHEN DETERMINING COMPENSATION FOR NEW LEADERSHIP. THE PROCESS IS SUBJECT TO CONTEMPORANEOUS DOCUMENTATION.

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

CRISTO REY NETWORK GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THROUGH THE CRISTO REY NETWORK WEBSITE. THE FINANCIAL STATEMENTS ARE INCLUDED IN THE HARD COPY ANNUAL REPORT BROCHURE WHICH IS MADE AVAILABLE TO THE PUBLIC. THE AFOREMENTIONED DOCUMENTS AND STATEMENTS ARE AVAILABLE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF LIFE INSURANCE POLICY	948.
PASS-THROUGH SPONSORSHIPS NOT YET REMITTED	-115,348.
TOTAL TO FORM 990, PART XI, LINE 9	-114,400.

## FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **CRISTO REY NETWORK** Employer identification number **04-3730980**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CRISTO REY JESUIT HS (CHICAGO) - 36-4067306 1852 W. 22ND PLACE CHICAGO, IL 60608	SCHOOL	ILLINOIS	501(C)(3)	LINE 2	N/A		X
VERBUM DEI HS (LOS ANGELES) - 95-2225787 11100 S. CENTRAL AVENUE LOS ANGELES, CA 90059	SCHOOL	CALIFORNIA	501(C)(3)	LINE 2	N/A		X
ARRUPE JESUIT HS (DENVER) - 02-0628872 4343 UTICA STREET DENVER, CO 80212	SCHOOL	COLORADO	501(C)(3)	LINE 2	N/A		X
CRISTO REY BOSTON HIGH SCHOOL (BOSTON) - 56-2438544, 100 SAVIN HILL AVENUE, BOSTON, MA 02125	SCHOOL	MASSACHUSETTS	501(C)(3)	LINE 2	N/A		X

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

Schedule R (Form 990) 2023

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAINT MARTIN DE PORRES HS (CLEVELAND) - 52-2401852, 6111 LAUSCHE AVENUE, CLEVELAND, OH 44103	SCHOOL	OHIO	501(C)(3)	LINE 2	N/A		X
CRISTO REY ST. MARTIN COLLEGE PREP (WAUKEGAN) - 42-1597059, 3106 BELVIDERE ROAD, WAUKEGAN, IL 60085	SCHOOL	ILLINOIS	501(C)(3)	LINE 2	N/A		X
NOTRE DAME HIGH SCHOOL (LAWRENCE) - 02-0296284, 303 HAVERHILL STREET, LAWRENCE, MA 01840	SCHOOL	MASSACHUSETTS	501(C)(3)	LINE 2	N/A		X
CRISTO REY NEW YORK HS (NEW YORK) - 03-0495750, 112 E. 106TH STREET, NEW YORK, NY 10029	SCHOOL	NEW YORK	501(C)(3)	LINE 2	N/A		X
SAN MIGUEL HS (TUCSON) - 48-1270906 6601 S. SAN FERNANDO ROAD TUCSON, AZ 85756	SCHOOL	ARIZONA	501(C)(3)	LINE 2	N/A		X
CRISTO REY KANSAS CITY HS (KANSAS CITY) - 20-2842522, 211 W. LINWOOD BOULEVARD, KANSAS CITY, MO 64111	SCHOOL	MISSOURI	501(C)(3)	LINE 2	N/A		X
CRISTO REY HS SACRAMENTO (SACRAMENTO) - 04-3832927, 8475 JACKSON ROAD, SACRAMENTO, CA 95824	SCHOOL	CALIFORNIA	501(C)(3)	LINE 2	N/A		X
DON BOSCO CRISTO REY HS (WASHINGTON DC) - 06-1786297, 1010 LARCH AVENUE, TAKOMA PARK, MD 20912	SCHOOL	MARYLAND	501(C)(3)	LINE 2	N/A		X
PROVIDENCE CRISTO REY HS (INDIANAPOLIS) - 20-3585867, 75 N. BELLEVIEW PLACE, INDIANAPOLIS, IN 46222	SCHOOL	INDIANA	501(C)(3)	LINE 2	N/A		X
CRISTO REY JESUIT HS (TWIN CITIES) - 20-4548714, 2924 4TH AVENUE SOUTH, MINNEAPOLIS, MN 55408	SCHOOL	MINNESOTA	501(C)(3)	LINE 2	N/A		X
CRISTO REY JESUIT HS (BALTIMORE) - 05-0632734, 420 S. CHESTER STREET, BALTIMORE, MD 21231	SCHOOL	MARYLAND	501(C)(3)	LINE 2	N/A		X
CHRIST THE KING JESUIT COLLEGE PREP (CHICAGO) - 26-0556958, 5088 W. JACKSON BOULEVARD, CHICAGO, IL 60644	SCHOOL	ILLINOIS	501(C)(3)	LINE 2	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DETROIT CRISTO REY (DETROIT) - 26-3176934 5679 W. VERNOR HIGHWAY DETROIT, MI 48209	SCHOOL	MICHIGAN	501(C)(3)	LINE 2	N/A		X
CRISTO REY BROOKLYN HIGH SCHOOL - 26-2433224 710 E. 37TH STREET BROOKLYN, NY 11203	SCHOOL	NEW YORK	501(C)(3)	LINE 2	N/A		X
CRISTO REY JESUIT HS OF HOUSTON (HOUSTON) - 26-3159838, 6700 MOUNT CARMEL STREET, HOUSTON, TX 77087	SCHOOL	TEXAS	501(C)(3)	LINE 2	N/A		X
IMMACULATE CONCEPTION ACADEMY (SAN FRANCISCO) - 94-1156675, 3625 24TH STREET, SAN FRANCISCO, CA 94110	SCHOOL	CALIFORNIA	501(C)(3)	LINE 2	N/A		X
DEPAUL CRISTO REY (CINCINNATI) - 27-2417727 1133 CLIFTON HILLS AVENUE CINCINNATI, OH 45220	SCHOOL	OHIO	501(C)(3)	LINE 2	N/A		X
CRISTO REY PHILADELPHIA (PHILADELPHIA) - 27-3106321, 1717 W. ALLEGHENY AVENUE, PHILADELPHIA, PA 19132	SCHOOL	PENNSYLVANIA	501(C)(3)	LINE 2	N/A		X
CRISTO REY COLUMBUS (COLUMBUS) - 27-4864843 400 E. TOWN STREET COLUMBUS, OH 43215	SCHOOL	OHIO	501(C)(3)	LINE 2	N/A		X
CRISTO REY ATLANTA JESUIT HIGH SCHOOL (ATLANTA) - 45-5550340, 222 PIEDMONT AVENUE NE, ATLANTA, GA 30308	SCHOOL	GEORGIA	501(C)(3)	LINE 2	N/A		X
CRISTO REY SAN JOSE JESUIT HIGH SCHOOL (SAN JOSE) - 46-2594689, 1390 FIVE WOUNDS LANE, SAN JOSE, CA 95116	SCHOOL	CALIFORNIA	501(C)(3)	LINE 2	N/A		X
DELASALLE NORTH CATHOLIC HS (PORTLAND) - 93-1287554, 4300 NE KILLINGWORTH STREET, PORTLAND, OR 97217	SCHOOL	OREGON	501(C)(3)	LINE 2	N/A		X
HOLY FAMILY CRISTO REY CATHOLIC HS (BIRMINGHAM) - 80-0470825, 1832 CENTER WAY SOUTH, BIRMINGHAM, AL 35218	SCHOOL	ALABAMA	501(C)(3)	LINE 2	N/A		X
CRISTO REY JESUIT HIGH SCHOOL MILWAUKEE (MILWAUKEE) - 46-5457943, 1215 S. 45TH STREET, WEST MILWAUKEE, WI 53214	SCHOOL	WISCONSIN	501(C)(3)	LINE 2	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CRISTO REY DALLAS COLLEGE PREPARATORY SCHOOL - 46-3737066, 9701 SAN LEON AVENUE, DALLAS, TX 75217	SCHOOL	TEXAS	501(C)(3)	LINE 2	N/A		X
CRISTO REY TAMPA SALESIAN HIGH SCHOOL - 47-3494960, 6400 E. CHELSEA STREET, TAMPA, FL 33610	SCHOOL	FLORIDA	501(C)(3)	LINE 2	N/A		X
CRISTO REY OKLAHOMA CITY - 47-5521087 900 N PORTLAND AVENUE OKLAHOMA CITY, OK 73107	SCHOOL	OKLAHOMA	501(C)(3)	LINE 2	N/A		X
CRISTO REY FORT WORTH - 47-4720831 2633 ALTAMESA BOULEVARD FORT WORTH, TX 76104	SCHOOL	TEXAS	501(C)(3)	LINE 2	N/A		X
CRISTO REY DE LA SALLE EAST BAY HIGH SCHOOL - 82-1257099, 1530 34TH AVENUE, OAKLAND, CA 94601	SCHOOL	CALIFORNIA	501(C)(3)	LINE 2	N/A		X
CRISTO REY RICHMOND - 81-2742073 304 N. SHEPPARD STREET RICHMOND, VA 23221	SCHOOL	VIRGINIA	501(C)(3)	LINE 2	N/A		X
CRISTO REY LAS VEGAS (LAS VEGAS) - 82-1415378, 1818 INDUSTRIAL ROAD, SUITE 101, LAS VEGAS, NV 89102	SCHOOL	NEVADA	501(C)(3)	LINE 2	N/A		X
CRISTO REY SAN DIEGO - 82-1922472 1228 S 38TH STREET SAN DIEGO, CA 92113	SCHOOL	CALIFORNIA	501(C)(3)	LINE 2	N/A		X
CRISTO REY RESEARCH TRIANGLE HIGH SCHOOL (RALEIGH) - 83-2027747, 334 BLACKWELL STREET, DURHAM, NC 27613	SCHOOL	NORTH CAROLINA	501(C)(3)	LINE 2	N/A		X
CRISTO REY MIAMI - 82-0761238 11921 S. DIXIE HIGHWAY, #209 PINECREST, FL 33161	SCHOOL	FLORIDA	501(C)(3)	LINE 2	N/A		X
CRISTO REY SEATTLE - 87-4002665 1023 COLUMBIA STREET SEATTLE, WA 98104	SCHOOL	WASHINGTON	501(C)(3)	LINE 2	N/A		X
CRISTO REY ORLANDO - 88-0636796 3358 OAKMONT TERRACE LONGWOOD, FL 32779	SCHOOL	FLORIDA	501(C)(3)	LINE 2	N/A		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

DRAFT

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>CRISTO REY NETWORK</b>	Taxpayer identification number (TIN) <b>04-3730980</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>104 S. MICHIGAN AVENUE, 500</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60603</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **MELISSA KINZLER**  
**104 S. MICHIGAN AVE STE 500 - CHICAGO, IL 60603**  
 Telephone No. **312-784-7213** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**MAIL TO: DEPARTMENT OF THE TREASURY  
 INTERNAL REVENUE SERVICE CENTER  
 OGDEN, UT 84201-0045**

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING  
JUNE 30, 2024

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**PREPARED FOR:**

CRISTO REY NETWORK  
104 S. MICHIGAN AVENUE 500  
CHICAGO, IL 60603

---

**PREPARED BY:**

PASQUESI SHEPPARD LLC  
585 BANK LANE  
LAKE FOREST, IL 60045

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$15

---

**MAKE CHECK PAYABLE TO:**

ILLINOIS CHARITY BUREAU FUND

---

**MAIL TAX RETURN TO:**

OFFICE OF THE ATTORNEY GENERAL  
CHARITABLE TRUST BUREAU  
115 S. LASALLE ST  
CHICAGO, IL 60603

---

**RETURN MUST BE MAILED ON OR BEFORE:**

DECEMBER 31, 2024

---

**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Illinois Attorney General Kwame Raoul**  
**Charitable Trust Bureau, 115 S. LaSalle St**  
**Chicago, IL 60603**

**CO # 01-043934**

**Report for the Fiscal Period:**

**Beginning** 07/01/2023

**& Ending** 06/30/2024

**Make Checks Payable to Illinois Charity Bureau Fund**

**Check all items attached:**

- Copy of IRS Return
- Audited Financial Statements
- Reviewed Financial Statements
- Copy of Form IFC
- \$15 Annual Report Filing Fee
- \$100 Late Report Filing Fee

Federal ID # 04-3730980

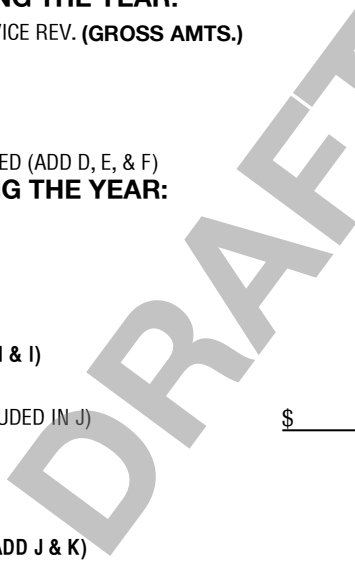
MO DAY YR

Date organization was created: 12/26/2002

Are contributions to the organization tax deductible?  Yes  No

MO DAY YR

Legal Name: <b>CRISTO REY NETWORK</b>	YEAR-END AMOUNTS	
Mail Address: <b>104 S. MICHIGAN AVENUE, 500</b>	A) ASSETS	A) \$ <b>29,198,706.</b>
City, State: <b>CHICAGO, IL</b>	B) LIABILITIES	B) \$ <b>2,554,682.</b>
Zip Code: <b>60603</b>	C) NET ASSETS	C) \$ <b>26,644,024.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	<b>95.719 %</b>	D) \$ <b>20,253,131.</b>
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	<b>4.281 %</b>	F) \$ <b>905,793.</b>
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ <b>21,158,924.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>40.985 %</b>	H) \$ <b>7,119,630.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) <b>TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H &amp; I)</b>	<b>40.985 %</b>	J) \$ <b>7,119,630.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>50.813 %</b>	K) \$ <b>8,826,800.</b>
L) <b>TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J &amp; K)</b>	<b>91.798 %</b>	L) \$ <b>15,946,430.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>4.017 %</b>	M) \$ <b>697,874.</b>
N) FUNDRAISING EXPENSE	<b>4.184 %</b>	N) \$ <b>726,863.</b>
O) <b>TOTAL EXPENDITURES THIS PERIOD (ADD L, M &amp; N)</b>	100 %	O) \$ <b>17,371,167.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER &amp; CONSULTANT ACTIVITIES:</b>		
(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>TERI JOHNSON, CHIEF CORPORATE PROGRAM OFFICER</b>		T) \$ <b>196,321.</b>
U) NAME, TITLE: <b>BRIAN MELTON, SVP OF EXTERNAL REL. &amp; GEN. COUNSE</b>		U) \$ <b>188,474.</b>
V) NAME, TITLE: <b>KELBY WOODARD, PRESIDENT &amp; CEO</b>		V) \$ <b>185,367.</b>
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: <b>SUPPORT CRISTO REY SCHOOLS</b>	W) #	<b>002</b>
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	



IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		X
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		X
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		X
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		X
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		X
6a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		X
6b.	IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ .		
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		X
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		X
10.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <b>WINTRUST; 231 S. LASALLE ST, CHICAGO, IL 60604</b> <b>MISSION DIOCESE FUND LLC; 150 S WACKER DR FL 20, CHICAGO, IL 60606</b>		
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>MELISSA KINZLER - 312-784-7213</b>		

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

**KELBY WOODARD**

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

**MELISSA KINZLER**

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

**ELIZABETH A. SLOWINSKI**

PREPARER (PRINT NAME) SIGNATURE DATE