

CHRIS 180, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2020

TAX RETURNS

SMITH & HOWARD

Certified Public Accountants and Advisers

CHRIS 180, INC.
INSTRUCTIONS FOR FILING
FORM 8879-EO
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2020

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

SMITH & HOWARD, P.C.
271 17TH STREET, NW SUITE 1600
ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH:
GEORGIA DEPARTMENT OF REVENUE
P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2021. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

PUBLIC INSPECTION COPY

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 12/31, 2020

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

CHRIS 180, INC.

Taxpayer identification number

58-1430183

Name and title of officer or person subject to tax

KATHERINE COLBENSON, PRESIDENT AND CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 7 rows (1a-7a) and 2 columns (b Total revenue, etc.). Row 1a is checked with amount 32128060.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) SMITH & HOWARD, P.C. (EIN) 17286 and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize SMITH & HOWARD, P.C. to enter my PIN 17286 as my signature

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Katherine Colbenso Date 4/23/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67983858125 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns

ERO's signature Selva Lmahan Date 11/15/2021

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 12/31, 2020

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

CHRIS 180, INC.

Taxpayer identification number

58-1430183

Name and title of officer or person subject to tax

KATHERINE COLBENSON, PRESIDENT AND CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____ 0.
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SMITH & HOWARD, P.C. to enter my PIN 1 7 2 8 6 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 7 9 8 3 8 5 8 1 2 5

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Sabri Lmahan

Date ▶ 11/15/2021

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

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PAGE 2

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **2020**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRIS 180, INC.		D Employer identification number 58-1430183
	Doing Business As		E Telephone number (404) 486-9034
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1030 FAYETTEVILLE ROAD		
City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30316		G Gross receipts \$ 32,253,842.	
F Name and address of principal officer: KATHERINE COLBENSON 1030 FAYETTEVILLE ROAD, ATLANTA, GA 30316		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.CHRIS180.ORG		L Year of formation: 1981 M State of legal domicile: GA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HEAL CHILDREN, STRENGTHEN FAMILIES, AND BUILD COMMUNITY. CHRIS IS AN ACRONYM FOR OUR VALUES: CREATIVITY, HONOR, RESPECT, INTEGRITY, AND SAFETY.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 27.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 26.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 580.
	6 Total number of volunteers (estimate if necessary)	6 254.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 6,908,934. Current Year: 10,988,565.
	9 Program service revenue (Part VIII, line 2g)	16,611,920. 20,912,636.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160,335. 331,558.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-315,005. -104,699.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,366,184. 32,128,060.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	151,791. 14,197.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,858,942. 19,931,915.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 833,649.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,564,509. 8,557,894.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,575,242. 28,504,006.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	790,942. 3,624,054.
	20 Total assets (Part X, line 16)	Beginning of Current Year: 25,190,373. End of Year: 28,396,764.
	21 Total liabilities (Part X, line 26)	7,627,587. 7,209,924.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,562,786. 21,186,840.

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Part II Signature Block

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

Sign Here	Signature of officer <i>Katherine Colbenso</i>	Date 6/23/2021			
	Type or print name and title Katherine Colbenso, President & CEO				
Paid Preparer Use Only	Print/Type preparer's name SABRE J LINAHAN	Preparer's signature <i>Sabre Linahan</i>	Date 11/15/2021	Check <input type="checkbox"/> if self-employed	PTIN P01372980
	Firm's name ▶ SMITH & HOWARD, P.C.	Firm's EIN ▶ 58-1250486			
	Firm's address ▶ 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363	Phone no. 404-874-6244			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

JSA
0E1065 1.000

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 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 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 \$ 10,204,765. including grants of \$ 14,197.) (Revenue \$ 9,075,706.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 4,863,724. including grants of \$) (Revenue \$ 4,611,643.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 8,805,916. including grants of \$) (Revenue \$ 6,516,925.)

ATTACHMENT 4

4d Other program services (Describe on Schedule O.) ATTACHMENT 5
(Expenses \$ 1,095,913. including grants of \$) (Revenue \$ 903,048.)

4e Total program service expenses ▶ 24,970,318.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and controlled entities.

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, Yes, No. Rows 1a-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 columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, foreign accounts, 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 [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and Yes/No columns. Contains questions about voting members, family relationships, and governance documents.

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

Table with columns for line numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and Yes/No columns. Contains questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
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.
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

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 X

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 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 and/or Box 7 of Form 1099-MISC) 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 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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) KATHERINE COLBENSON PRESIDENT & CEO	40.00 .10			X				298,193.	0.	33,291.
(2) CINDY SIMPSON COO	40.00 0.			X				213,232.	0.	25,910.
(3) KEVIN CLIFT CHIEF DEVELOPMENT OFFICER	40.00 0.					X		142,676.	0.	6,773.
(4) SHEILA KATZ COHEN CFO (MARCH 2020-)	40.00 6.00			X				127,806.	0.	4,910.
(5) BRITTNEY WALTERS VP, SCHOOL-BASED MENTAL HEALTH	40.00 0.					X		100,939.	0.	9,027.
(6) MONICA MCGANNON VP, TRAINING	40.00 0.					X		101,412.	0.	8,015.
(7) FREDERICK MARK PHILLIPS CFO (- APRIL 2020)	40.00 6.00			X				64,627.	0.	4,625.
(8) SUSAN O'FARRELL CHAIR	1.00 0.	X						0.	0.	0.
(9) JULIA HOUSTON VICE CHAIR	1.00 0.	X						0.	0.	0.
(10) APRIL ESTES TREASURER	1.00 0.	X						0.	0.	0.
(11) CYRIL TURNER SECRETARY	1.00 0.	X						0.	0.	0.
(12) ANA AMATO TRUSTEE	1.00 0.	X						0.	0.	0.
(13) GABE BANKS TRUSTEE	1.00 0.	X						0.	0.	0.
(14) JAY BERNATH TRUSTEE	1.00 0.	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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(15) ISYS CAFFEY ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(16) DAN DIFFLEY ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(17) EMILY CHAMBERS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(18) LENORE WILSON CUSICK ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(19) TODD ELLIS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(20) KEVIN HEATH ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(21) SUSAN JOHNSON ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(22) ROBERT "BO" KEATLEY ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(23) ROB KIGHT ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(24) PAULA LARSON ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(25) VALARIE MACKEY ----- TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								1,048,885.	0.	92,551.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,048,885.	0.	92,551.

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 **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 6		

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

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(26) MANEY MAZLOOM ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(27) TERRIN MCKAY ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(28) ARAYA MESFIN ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(29) J. SCOTT MOSTELLER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(30) TERRY RUSSELL ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(31) MARIA SMITH ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(32) STEVE TEDDER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(33) REBECCA WOODS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **6**

	Yes	No
3 Did the organization list any former officer, director, or 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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	172,500.				
	b	Membership dues	1b					
	c	Fundraising events	1c	481,707.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,004,137.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,330,221.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 352,339.				
	h	Total. Add lines 1a-1f ▶		10,988,565.				
	Program Service Revenue	2a	GRANTS AND CONTRACTS INCOME	Business Code	900099	20,288,892.	20,288,892.	
b		RENTAL INCOME	531110	479,727.	479,727.			
c		TRAINING PROGRAM REVENUE	900099	111,118.	111,118.			
d		OTHER PROGRAM FEES	900099	32,899.	32,899.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		20,912,636.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		136,872.			136,872.	
	4	Income from investment of tax-exempt bond proceeds ▶		0.				
	5	Royalties ▶		0.				
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶			0.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other	205,500.			
	b	Less: cost or other basis and sales expenses	7b		10,814.			
	c	Gain or (loss)	7c		194,686.			
	d	Net gain or (loss) ▶			194,686.	194,686.		
8a	Gross income from fundraising events (not including \$ 481,707. of contributions reported on line 1c). See Part IV, line 18	8a	10,269.					
b	Less: direct expenses	8b	114,968.					
c	Net income or (loss) from fundraising events ▶			-104,699.		-104,699.		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
b	Less: direct expenses	9b	0.					
c	Net income or (loss) from gaming activities ▶			0.				
10a	Gross sales of inventory, less returns and allowances	10a	0.					
b	Less: cost of goods sold	10b	0.					
c	Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			0.			
12	Total revenue. See instructions ▶			32,128,060.	21,107,322.	32,173.		

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	14,197.	14,197.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	772,594.	669,224.	80,089.	23,281.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	15,639,537.	13,570,955.	1,587,764.	480,818.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,568.	70,779.	8,281.	2,508.
9 Other employee benefits	2,220,288.	1,926,619.	225,409.	68,260.
10 Payroll taxes	1,217,928.	1,056,837.	123,647.	37,444.
11 Fees for services (nonemployees):				
a Management	97,032.	97,032.		
b Legal	98.		98.	
c Accounting	70,003.		70,003.	
d Lobbying	16,500.	16,500.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,495,649.	1,287,653.	156,006.	51,990.
12 Advertising and promotion	122,980.	51,814.	41,664.	29,502.
13 Office expenses	238,149.	138,653.	61,306.	38,190.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,282,285.	1,169,945.	86,347.	25,993.
17 Travel	224,295.	213,415.	10,789.	91.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	37,275.	36,480.	795.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	617,846.	617,846.		
23 Insurance	235,654.	183,423.	50,235.	1,996.
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 DIRECT CARE	2,631,228.	2,584,855.	7,694.	38,679.
b PROFESSIONAL MEDICAL FEES	584,927.	584,927.		
c TRAINING	286,332.	196,349.	85,364.	4,619.
d BAD DEBT EXPENSE	266,515.	266,515.		
e All other expenses	351,126.	216,300.	104,548.	30,278.
25 Total functional expenses. Add lines 1 through 24e	28,504,006.	24,970,318.	2,700,039.	833,649.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a, 10b, 10c and 29-31.

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	32,128,060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,504,006.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,624,054.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,562,786.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,186,840.

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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
2b	Were the organization's financial statements audited by an independent accountant? 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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
CHRIS 180, INC.

Employer identification number
58-1430183

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
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PUBLIC INSPECTION COPY

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.

13 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

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2020 (79.10%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (70.33%); 16a 33 1/3% support test - 2020; 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2020. 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.
b 33 1/3% support tests - 2019. 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.
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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in 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>		
c Did a disqualified person (as defined in 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding governing body and benefit.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding support provided and relationship.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b regarding integral part test and activities.

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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	Total annual distributions. 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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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 of Contributors

2020

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

Name of the organization
CHRIS 180, INC.

Employer identification number

58-1430183

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **CHRIS 180, INC.**

Employer identification number
58-1430183

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	N/A	\$ 275,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 371,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 890,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 2,600,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CHRIS 180, INC.**

Employer identification number
58-1430183

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	N/A	\$ 1,429,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 246,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 410,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 318,197.	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.)

Name of organization CHRIS 180, INC.

Employer identification number

58-1430183

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
5	76 TABLETS	\$ 6,764.	04/14/2020

Name of organization CHRIS 180, INC.

Employer identification number

58-1430183

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 information once. See instructions.) ▶ \$ _____
 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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CHRIS 180, INC.	Employer identification number 58-1430183
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (See instructions).

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912...; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912...; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?...

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?...

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (See instructions)...

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

FORM 990, PART II-B, LINE 1G

THE ORGANIZATION HAS EMPLOYED THE SERVICES OF TAYLOR ENGLISH TO ASSIST
IN WORKING WITH THE STATE'S LEGISLATURE TO SCHEDULE MEETINGS WITH KEY
OFFICIALS TO EDUCATE THEM ON THE ISSUES FACING GEORGIA'S YOUTH,
ESPECIALLY CHILDREN, YOUTH AND THEIR FAMILIES WHO ARE STRUGGLING WITH
MENTAL HEALTH ISSUES AND/OR ARE IN THE FOSTER CARE SYSTEM.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Name of the organization

CHRIS 180, INC.

Employer identification number

58-1430183

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, monitoring policy, and expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about art collections and reporting requirements.

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

Schedule D (Form 990) 2020

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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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds.

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

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 33.4000 %
b Permanent endowment %
c Term endowment 66.6000 %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
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.

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 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, column (B), line 10c.)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶

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) _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶

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) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

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) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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 XIII Supplemental Information (continued)

ASC-740-10 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE, NO PROVISION FOR INCOME TAXES IS REQUIRED. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. IN 2007, THE ORGANIZATION RECEIVED APPROVAL FROM THE IRS THAT IT WAS CONSIDERED TO BE A PUBLIC CHARITY UNDER SECTION 509(A)(1) AND 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE, SINCE IT RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL GRANTS AND THE GENERAL PUBLIC.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2017.

SCHEDULE D, PART V, LINE 4

THE BOARD DESIGNATED NET ASSETS ARE RESTRICTED FOR THE OPERATING, SUSTAINABILITY, AND MAINTENANCE RESERVES. THE DONOR RESTRICTED NET ASSETS ARE RESTRICTED FOR SPECIFIC PROGRAM ACTIVITIES.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

CHRIS 180, INC.

58-1430183

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHRISTAL BALL (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	491,976.		491,976.
	2	Less: Contributions	481,707.		481,707.
	3	Gross income (line 1 minus line 2)	10,269.		10,269.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	32,418.		32,418.
	8	Entertainment	37,256.		37,256.
	9	Other direct expenses	45,294.		45,294.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-104,699.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Inspection**

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

Department of the Treasury
Internal Revenue Service

Employer identification number

58-1430183

Name of the organization
CHRIS 180, INC.

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. Yes No

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHRIS 180 SUPPORT ORGANIZATION, INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	82-4568175	501(C)(3)	14,197.		FMV		SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020

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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PART I

THE GRANT AWARDED DURING 2020 WAS TO THE CHRIS 180 SUPPORT ORGANIZATION,

INC. FOR THE FACILITATION OF THE NEW MARKET TAX CREDIT TRANSACTION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

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

2020

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Department of the Treasury
Internal Revenue Service

Name of the organization

CHRIS 180, INC.

Employer identification number

58-1430183

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 checked="" 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? **4a** X
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** X
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** X

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? **5a** X
- b** Any related organization? **5b** X
- 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? **6a** X
- b** Any related organization? **6b** X
- 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. **7** X

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 **8** X

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

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

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

Schedule J (Form 990) 2020

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 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 KATHERINE COLBENSON PRESIDENT & CEO	298,193.	0.	0.	26,779.	6,512.	331,484.	0.
2 CINDY SIMPSON COO	213,232.	0.	0.	18,000.	7,910.	239,142.	0.
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
CHRIS 180, INC.

Employer identification number
58-1430183

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1.	2,661.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		275.	349,678.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCHEDULE M, LINE 32B

ANY NON-CASH CONTRIBUTIONS IN THE FORM OF STOCKS ARE IMMEDIATELY SENT TO
RAYMOND JAMES FOR LIQUIDATION, SO THE STOCKS CAN BE CONVERTED TO CASH.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MISCELLANEOUS GOODS	X	275.	349,678.	FMV
TOTALS		<u>275.</u>	<u>349,678.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRIS 180, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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Inspection**

Employer identification number

58-1430183

FORM 990, PART III, LINE 4D

THE CHRIS TRAINING INSTITUTE: THE CHRIS TRAINING INSTITUTE PROVIDES HIGH QUALITY TRAINING WITH A FOCUS ON TRAUMA INFORMED CARE, CHILD ABUSE PREVENTION, DIVERSITY AND INCLUSION. TRAINING IS PROVIDED WITH THE INTENT OF EXPONENTIALLY EXPANDING IMPACT IN THE AREAS OF CLINICAL PROFESSIONAL SERVICES, HUMAN SERVICES, CHILD WELFARE, JUVENILE JUSTICE, AND FAMILY WELFARE, WHILE PROMOTING PREVENTION AND INCREASING AWARENESS OF THE IMPORTANCE OF TREATING TRAUMA, MENTAL HEALTH AND ADDICTION AS WISE INVESTMENTS IN THE FUTURE. DURING 2020, 3,825 UNDUPLICATED EXTERNAL INDIVIDUALS ATTENDED TRAININGS. TRAUMA STARS IS CHRIS 180'S SIGNATURE TRAUMA TRAINING PROGRAM UTILIZING THE EVIDENCE-BASED ATTACHMENT, REGULATION AND COMPETENCY FRAMEWORK. CHRIS 180 ADAPTED TO THE PANDEMIC AND OFFERED MOST TRAININGS VIRTUALLY INCLUDING TRAUMA TRAINING PROVIDED FOR 1,395 SCHOOL PERSONNEL AND SECONDARY TRAUMA TRAININGS WHICH WERE PROVIDED TO EMPLOYEES OF NON-PROFITS, SCHOOLS AND SERVICE PROVIDERS, (SUCH AS THE YMCA, GOODWILL, NAMI, KIPP SCHOOLS) AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES. YOUTH/ADULT MENTAL HEALTH FIRST AID AND CLINICAL PROFESSIONAL COURSES SUCH AS MOTIVATIONAL INTERVIEWING, ETHICS, EMDR (A TRAUMA THERAPY), PLAY THERAPY, TRAUMA ASSESSMENTS, AND COMPREHENSIVE CHILD AND FAMILY ASSESSMENT TRAININGS WERE PROVIDED OVER THE COURSE OF 2020 TO BOTH INTERNAL AND EXTERNAL PARTICIPANTS. SPECIALIZED TRAINING WAS PROVIDED TO 653 STAFF PARTICIPANTS AS WELL AS 3,825 EXTERNAL PARTICIPANTS IN AREAS RANGING FROM TRAUMA INFORMED PRACTICE, PROFESSIONAL CLINICAL

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Schedule O (Form 990 or 990-EZ) (2020)

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Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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SERVICES, SECONDARY TRAUMA, SELF-CARE, GRIEF AND LOSS, CULTURAL DIVERSITY, WORKING WITH EMERGING ADULTS, WORKING WITH LGBTQ+ YOUTH, AND SEXUALLY EXPLOITED YOUTH, THE PREVENTION OF CHILD SEXUAL ABUSE, BULLYING AND UNDERSTANDING DIVERSITY. MANAGEMENT TRAINING WAS ALSO PROVIDED TO 45 MIDDLE MANAGERS AT CHRIS 180 AND VIRTUAL COURSES IN EDUTAINMENT ARE HELPING ALL CHRIS 180 DEPARTMENTS AND PROGRAMS DEVELOP AND CONDUCT EFFECTIVE VIRTUAL MEETINGS.

THE INSTITUTE FOR SPIRITUAL HEALTH AND WELLNESS BEGAN OPERATING AS A PART OF THE CHRIS TRAINING INSTITUTE ON JANUARY 1ST ADDING A SPIRITUAL CARE COMPONENT TO OUR TRAINING, TO OUR BEHAVIORAL HEALTH SERVICES AND TO OUR WORK IN THE COMMUNITY. THROUGH A CONTRACT WITH NORTHSIDE HOSPITAL, CHRIS 180 RECRUITS, SUPERVISES, AND TRAINS CHAPLAINCY RESIDENTS WHO SERVE THEIR RESIDENCIES AT NORTHSIDE HOSPITAL IN ATLANTA AND NORTHSIDE-GWINNETT HOSPITAL. INTERNS ALSO WORK IN THE HOSPITAL AND COMMUNITY. THE INSTITUTE FOR SPIRITUAL HEALTH AND WELLNESS PREPARES INDIVIDUALS FOR CERTIFICATION AS CHAPLAINS WHO PROVIDE SPIRITUAL CARE IN MEDICAL SETTINGS AND IN COMMUNITY SETTINGS. IN OCTOBER, ACCREDITATION EXAMINERS HIGHLIGHTED THE EXCELLENT JOB THAT NORTHSIDE HOSPITAL AND CHRIS 180 DID IN PIVOTING TO ENSURE QUALITY TRAINING AND SUPERVISION FOR BOTH RESIDENTS AND INTERNS DURING THE PANDEMIC. THE INSTITUTE WAS RE-ACCREDITED BY THE ACPE, THE NATIONAL ACCREDITING BODY FOR SPIRITUAL CARE. DURING 2020, 28 CHAPLAINCY RESIDENTS PROVIDED INVALUABLE SERVICES FOR PATIENTS IN BOTH HOSPITALS AND FOUR INTERNS PROVIDED INVALUABLE SUPPORT FOR CLIENTS AND STAFF IN

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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FOUR CHRIS 180 PROGRAMS.

FORM 990, PART VI, LINE 11B

CHRIS 180 PROVIDES A COPY OF THE FORM 990 TO THE AUDIT & FINANCE COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW, PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

CHRIS 180 IS COMMITTED TO AVOIDING BOTH CONFLICTS OF INTEREST AND THE APPEARANCE OF CONFLICTS OF INTEREST. WHEN SOMEONE (EMPLOYEE OR BOARD MEMBER) FEELS THERE IS A CONFLICT OF INTEREST THEY MAY CONSULT WITH THE CEO DIRECTLY. IF THEY ARE UNCOMFORTABLE DISCUSSING WITH THE CEO, CHRIS 180 HAS CONTRACTED WITH A THIRD PARTY (THE NETWORK) THAT PROVIDES AN 800 NUMBER FOR ANYONE TO REPORT AN ETHICS OR CONFLICT OF INTEREST REPORT. THE CALLER DOES NOT HAVE TO IDENTIFY THEMSELVES TO PROTECT THEIR ANONYMITY. THE INTERVIEWER RELAYS THE INFORMATION TO SENIOR MANAGEMENT OR THE BOARD OF DIRECTORS BASED ON THE NATURE OF THE ISSUE. ALL ALLEGATIONS ARE INVESTIGATED. MONTHLY REPORTS ARE RECEIVED FROM THE NETWORK, REVIEWED BY A MEMBER OF SENIOR MANAGEMENT AND RETAINED FOR FURTHER NEEDS.

FORM 990, PART VI, LINE 15A

CHRIS 180 UTILIZED A 3RD PARTY STUDY AS WELL AS A COMPARATIVE STUDY WITH SIMILAR ORGANIZATIONS WITH COMPARABLE COMPLEXITY, SIZE AND SERVICES.

FORM 990, PART VI, LINE 15B

CHRIS 180 UTILIZED A 3RD PARTY STUDY AS WELL AS A COMPARATIVE STUDY

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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WITH SIMILAR ORGANIZATIONS WITH COMPARABLE COMPLEXITY, SIZE AND SERVICES.

FORM 990, PART VI, LINE 19

FINANCIAL STATEMENTS ARE LISTED ON THE ORGANIZATION'S WEBSITE; GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST.

FORM 990, PART VIII, LINE 1E

IN MAY 2020, THE ORGANIZATION OBTAINED A SMALL BUSINESS ADMINISTRATION ("SBA") LOAN UNDER THE PAYCHECK PROTECTION PROGRAM ("PPP") TOTALING \$2,600,149. THE PPP LOAN BEARS INTEREST AT 1.00% AND MAY REQUIRE REPAYMENT UNDER CERTAIN CIRCUMSTANCES. UNDER THE TERMS OF CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT (THE "CARES ACT"), THE ORGANIZATION MAY APPLY WITH THE LENDING INSTITUTION FOR PPP LOAN PROCEEDS USED WITHIN A SPECIFIED TIME PERIOD TO BE FORGIVEN, PROVIDED THE PROCEEDS ARE USED TO COVER CERTAIN PAYROLL AND OTHER EXPENSES AS DEFINED BY THE CARES ACT. THE ORGANIZATION INTENDS FOR THE LOAN TO BE FORGIVEN AND HAS TREATED THE LOAN AS A CONDITIONAL GRANT, RECORDING REVENUE AS QUALIFYING EXPENSES ARE INCURRED. AS OF DECEMBER 31, 2020, THE ORGANIZATION HAS UTILIZED ALL PPP FUNDING ON QUALIFYING EXPENSES AND ACCORDINGLY HAS RECORDED AS A CONTRIBUTION WITHIN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE FULL AMOUNT. THE ORGANIZATION INTENDS ON APPLYING FOR COMPLETE LOAN FORGIVENESS IN 2021 AND EXPECTS THE PPP FUNDS TO BE FORGIVEN IN FULL.

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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ATTACHMENT 1

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

CHRIS 180, INC. IS A NATIONALLY ACCREDITED NONPROFIT 501(C)(3) ORGANIZATION WHOSE MISSION IS TO HEAL CHILDREN, STRENGTHEN FAMILIES AND BUILD COMMUNITY. CHRIS IS AN ACRONYM FOR OUR VALUES: CREATIVITY, HONOR, RESPECT, INTEGRITY AND SAFETY. TRAUMA INFORMED BEHAVIORAL HEALTH SERVICES ARE AT THE CORE OF EVERY PROGRAM. CHRIS 180 MEETS PEOPLE WHERE THEY ARE, CELEBRATES THE GIFTS OF DIVERSITY, SEEKS TO PROMOTE EQUITY, WORKS TOWARD EQUAL JUSTICE AND RECOGNIZES THE IMPACT OF STRUCTURAL AND SYSTEMIC RACISM AS ONE OF THE SOURCES OF TRAUMA IN SOCIETY. CHRIS 180 HELPS CHILDREN, ADULTS AND FAMILIES WHO HAVE EXPERIENCED TRAUMA CHANGE THE DIRECTION OF THEIR LIVES TO BECOME MORE PRODUCTIVE, SELF-SUFFICIENT MEMBERS OF THE COMMUNITY. THIS IS ACCOMPLISHED THROUGH BEHAVIORAL HEALTH COUNSELING, TRAINING, SAFE HOUSING AND REAL-WORLD SKILL BUILDING. DURING 2020, CHRIS 180 PROVIDED LIFE CHANGING SERVICES FOR 13,016 UNDUPLICATED PEOPLE THROUGH ITS VARIOUS PROGRAMS AND SERVICES AND PROVIDED SPECIALIZED TRAINING TO AN ADDITIONAL UNDUPLICATED 3,825 COMMUNITY PROFESSIONALS, PARAPROFESSIONALS AND SCHOOL PERSONNEL. NOT COUNTED IN THESE FIGURES ARE AN ADDITIONAL 11,004 INDIVIDUALS WHO RECEIVED FOOD DELIVERY WITH CHECKS ON THEIR WELL-BEING TWICE A WEEK DURING THE PANDEMIC OVER NINE MONTHS.

CHRIS 180 IS A MULTI-SERVICE ORGANIZATION WHICH EXISTS TO IMPROVE THE LIVES OF CHILDREN AND YOUNG ADULTS AND STRENGTHEN FAMILIES THROUGH INNOVATIVE, TRAUMA INFORMED PRACTICES THAT INSPIRE HOPE AND REDUCE FUTURE DEPENDENCY ON GOVERNMENT. THE ORGANIZATION ACCOMPLISHES THIS PURPOSE THROUGH A CONTINUUM OF TRAUMA INFORMED

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SERVICES, PARTNERSHIPS AND TRAININGS DESIGNED TO PROMOTE RECOVERY, FOSTER INDIVIDUAL ACCOUNTABILITY AND UNLOCK THE POTENTIAL IN EVERY MAN, WOMAN AND CHILD. CHRIS 180'S ULTIMATE GOAL IS TO EMPOWER PEOPLE TO BUILD RESILIENCY THROUGH THE DEVELOPMENT OF THE SKILLS, INDEPENDENCE AND INTERDEPENDENCE THEY NEED TO NAVIGATE LIFE'S CHALLENGES TO LIVE FULL LIVES AND PARTICIPATE AS CONTRIBUTING CITIZENS.

CHRIS 180 SECURED FUNDING THROUGH THE NEW MARKET TAX CREDIT PROGRAM TO COMPLEMENT FUNDS RAISED THROUGH A CAPITAL CAMPAIGN AND MOVED INTO A NEW BUILDING AND ADDED HOMES AND AN INTEGRATED HEALTH CLINIC DURING MID-2019. THE ADDITIONAL SPACE AND HOMES ASSISTED CHRIS 180 IN MEETING THE DEMANDS OF THE PANDEMIC FOR SOCIAL DISTANCING AND QUARANTINING YOUTH IN THE RESIDENTIAL AND HOUSING PROGRAMS WHEN NEEDED. CHRIS 180 IS IN THE COMPLIANCE PHASE OF THE NMTC PROGRAM.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

BEHAVIORAL HEALTH SERVICES: CHRIS 180 IS A BEHAVIORAL HEALTH ORGANIZATION WITH TRAUMA INFORMED CARE AT THE CENTER OF ALL PROGRAMS AND SERVICES. CHRIS 180 MEETS PEOPLE WHERE THEY ARE, CELEBRATES THE GIFTS OF DIVERSITY, SEEKS TO PROMOTE EQUITY, WORKS TOWARD EQUAL JUSTICE AND RECOGNIZES THE IMPACT OF STRUCTURAL AND SYSTEMIC RACISM AS ONE OF THE SOURCES OF TRAUMA

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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ATTACHMENT 2 (CONT'D)

IN SOCIETY. THERAPISTS ARE EMBEDDED IN ALL PROGRAMS AND SERVICES AS WELL AS IN THE COUNSELING CENTERS. THE ADVERSE CHILDHOOD EXPERIENCE (ACE) QUESTIONNAIRE HAS BEEN UTILIZED SINCE 2007 TO HELP ASSESS LEVELS OF TRAUMA. RESEARCH BY THE CENTERS OF DISEASE CONTROL OVER TWO DECADES REVEALS THAT WITHOUT INTERVENTION AN ACE SCORE OF FOUR (4) OR MORE IS PREDICTIVE OF POOR LONG-TERM PHYSICAL HEALTH, MENTAL HEALTH AND SOCIAL FUNCTIONING OUTCOMES AS WELL AS A SIGNIFICANTLY SHORTENED LIFE SPAN. CHRIS 180 IDENTIFIES, UNDERSTANDS AND TREATS THE IMPACT OF CHRONIC STRESS AND ACES SO THAT CHILDREN, YOUNG ADULTS AND FAMILIES CAN RECOVER, BUILD RESILIENCY, LIVE FULL LIVES AND AVOID NEGATIVE LONG TERM PHYSICAL AND MENTAL HEALTH CONSEQUENCES. CHRIS 180 IS AN ACTIVE MEMBER OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK (NCTSN) AND IS PROVIDING LEADERSHIP TO HELP NCSN DEVELOP A SERIES ON SUPPORTING TRAUMA-INFORMED SCHOOLS TO KEEP STUDENTS IN CLASSROOMS.

CHRIS 180 OFFERS TRAUMA INFORMED BEHAVIORAL HEALTH SERVICES FOR CHILDREN, ADULTS AND FAMILIES THROUGHOUT THE GREATER METRO ATLANTA AREA TO HELP THEM THROUGH TOUGH TIMES SO THAT THEY CAN FEEL AND FUNCTION BETTER. CHRIS 180 FOCUSES ON DECREASING STIGMA, ELIMINATING BARRIERS TO INCREASE ACCESS, AND EXPANDING OUR IMPACT THROUGH PARTNERSHIPS, PLACE-BASED COUNSELING AND SUBSTANCE ABUSE SERVICES IN COMMUNITIES AND THROUGH TELEHEALTH. DURING 2020, COUNSELING WAS PROVIDED TO 8,447 INDIVIDUALS ACROSS

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ATTACHMENT 2 (CONT'D)

ALL LOCATIONS AND VIRTUALLY. ACE (ADVERSE CHILDHOOD EXPERIENCE) SCORES FOR THOSE SERVED ACROSS CLIENT LOCATIONS INDICATED THAT FROM 41% TO 78% OF INDIVIDUALS HAD A SCORE OF FOUR (4) OR MORE.

IN EARLY 2020, CHRIS 180 BEGAN OFFERING CHAPLAINCY/SPIRITUAL CARE EDUCATION AND TRAINING THROUGH OUR INSTITUTE FOR SPIRITUAL HEALTH AND WELLNESS. IN PARTNERSHIP WITH NORTHSIDE HOSPITAL AND NORTHSIDE GWINNETT HOSPITAL, WE OPENED THE CHRIS COUNSELING CENTER IN DEKALB COUNTY AND TRANSFERRED OUR DAY TREATMENT SUBSTANCE ABUSE FOR TEENS AND YOUNG ADULTS TO THE DEKALB LOCATION TO BETTER SERVE CLIENTS. OUR INTEGRATED HEALTH CLINIC IN PARTNERSHIP WITH MERCY CARE PROVIDED IN-PERSON SERVICES TO 92 INDIVIDUALS LIVING IN THE COMMUNITY BEFORE THE PANDEMIC SHUT DOWN IN MID-MARCH. WHEN THE SHUT-DOWN OCCURRED CHRIS 180 QUICKLY EXPANDED OUR TELEPSYCHIATRY AND TELE-COUNSELING PROGRAM TO CONTINUE SERVICES WITHOUT INTERRUPTION. PROGRAMS SERVING THE COMMUNITY, CHILDREN IN FOSTER CARE AND YOUTH AND FAMILIES EXPERIENCING HOMELESSNESS CONTINUED IN PERSON AS WELL AS VIRTUALLY. OUR CHAPLAINCY RESIDENTS CONTINUED THEIR WORK IN THE HOSPITALS AND THE CHAPLAINCY INTERNS WERE RE-DIRECTED TO WORK IN FOUR CHRIS 180 PROGRAMS AND PROVIDED INVALUABLE SPIRITUAL SUPPORT TO BOTH CLIENTS AND STAFF TO HELP THEM LIVE AND WORK THROUGH THE PANDEMIC.

CHRIS 180'S SPECIAL FOCUS IS ON HELPING PEOPLE HEAL AND RECOVER

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ATTACHMENT 2 (CONT'D)

FROM TRAUMA. THE SHARED COLLECTIVE TRAUMA OF THE PANDEMIC BECAME THE BACKDROP AND THE QUICKSAND FOR PRE-EXISTING TRAUMA AND THE MANY LOSSES AND ADDITIONAL TRAUMAS SUFFERED BY PEOPLE DURING THE PANDEMIC. MUCH OF THE WORK BECAME VIRTUAL ALTHOUGH THERAPISTS CONTINUED TO MEET THE NEEDS OF CLIENTS WHO NEEDED TO BE SEEN IN PERSON USING PPE AND OTHER PRECAUTIONS. THERAPISTS AT CHRIS 180 UTILIZE 27 DIFFERENT EVIDENCED BASED TREATMENT MODALITIES TO ENSURE PEOPLE RECEIVE THE INDIVIDUALLY TAILORED ASSISTANCE THEY NEED TO HELP THEM DEVELOP THE SKILLS REQUIRED TO BUILD PERSONAL RESILIENCY AND SUSTAIN RECOVERY. THERAPISTS USE THEIR SKILLS TO HELP PEOPLE BUILD RESILIENCY AND HEAL FROM PAST SEXUAL ABUSE, PHYSICAL ABUSE AND/OR OTHER ADVERSE CHILDHOOD/LIFE EXPERIENCES. PARTNERSHIPS WITH THE MOREHOUSE SCHOOL OF MEDICINE AND THE EMORY UNIVERSITY MEDICAL SCHOOL ENABLE PSYCHIATRIC FELLOWS TO FURTHER THEIR TRAINING. PARTNERSHIPS WITH SEVERAL COLLEGES PROVIDE SUPERVISED INTERNSHIP EXPERIENCES FOR MASTERS LEVEL CLINICAL INTERNS. TELEPSYCHIATRY AND TELECOUNSELING WERE PROVIDED VIRTUALLY AND OUT OF LOCATIONS INCLUDING: THE CHRIS COUNSELING CENTER IN ATLANTA; THE CHRIS COUNSELING CENTER IN DEKALB COUNTY; ADAMSVILLE HEALTH CENTER, OAKHILL FAMILY AND CHILDREN CENTER, AT PROMISE CENTER, WESTSIDE EMPOWERMENT CENTER AND NORTH FULTON ANNEX IN FULTON COUNTY; THE CHRIS COUNSELING CENTER IN GWINNETT COUNTY; 72 SCHOOLS IN THE CITY OF ATLANTA,

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ATTACHMENT 2 (CONT'D)

CLAYTON COUNTY, DEKALB COUNTY AND FULTON COUNTY PUBLIC SCHOOL SYSTEMS; PARTNER LOCATIONS; AND IN THE METRO COMMUNITY.

DURING 2020 CHRIS 180 CONTINUED EXPANSION OF SCHOOL-BASED COUNSELING TO INCLUDE SERVICES FOR STUDENTS ENROLLED IN 72 PUBLIC TITLE 1 SCHOOLS IN ATLANTA, FULTON, DEKALB AND CLAYTON COUNTIES AND COMPLETED YEAR FOUR OF PROJECT 180, A SCHOOL BASED, TRAUMA INFORMED TRAINING AND THERAPY INITIATIVE IN SIX CITY OF ATLANTA PUBLIC SCHOOLS LOCATED IN HIGH POVERTY COMMUNITIES, FUNDED THROUGH THE SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA). COUNSELING SERVICES AND TRAINING BECAME VIRTUAL IN LATE MARCH AND CHRIS 180 LEVERAGED DONOR FUNDING AND IN-KIND DONATIONS TO HELP ENSURE THAT STUDENTS AND THEIR FAMILIES HAD FOOD AND THE COMPUTERS, CHROMEBOOKS, CONNECTIVITY TO THE INTERNET, PLAY THERAPY KITS, SCHOOL SUPPLIES, ART SUPPLIES AND SCHOOL SUPPORT THEY NEEDED.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMUNITY SERVICES: CHRIS 180 OFFERS AN EXPANDING ARRAY OF TRAUMA INFORMED COMMUNITY SERVICES DESIGNED TO HELP CHILDREN, ADOLESCENTS AND ADULTS, STRENGTHEN FAMILIES AND BUILD SAFE, RESILIENT COMMUNITIES. OUR UNIQUE APPROACH MEETS PEOPLE WHERE THEY ARE AND COMBINES A THERAPIST WITH A CASEWORKER WHO WORK IN PARTNERSHIP WITH INDIVIDUALS AND FAMILIES TO STRENGTHEN

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ATTACHMENT 3 (CONT'D)

RELATIONSHIPS WITHIN THE FAMILY, HELP EACH FAMILY MEMBER BUILD THE SKILLS NECESSARY TO THRIVE. UTILIZING EVIDENCE BASED MODELS THAT INCLUDE HIGH FIDELITY WRAPAROUND AND MULTI SYSTEMIC THERAPY, FAMILIES ARE HELPED TO NAVIGATE MULTIPLE SYSTEMS AND COMMUNITY RESOURCES WHILE RECEIVING PREVENTION, REUNIFICATION AND SUPPORT SERVICES THAT HELP THEM STRENGTHEN THEIR FAMILIES AND BUILD NATURAL SUPPORT SYSTEMS IN THEIR COMMUNITIES. A TRAUMA INFORMED ADOPTION PROGRAM HELPS CHILDREN IN FOSTER CARE SECURE A FOREVER FAMILY AND CHRIS 180'S JAIL RE-ENTRY AND YOUTH BUILD PROGRAMS FOCUS ON HELPING YOUNG ADULTS HEAL FROM PAST TRAUMA, OBTAIN A GED, BECOME CAREER READY AND DEVELOP THE SKILLS AND RESILIENCY NEEDED FOR SELF-SUFFICIENCY.

COMMUNITY SERVICES INCLUDE FOCUSED PROGRAMMING IN CITY OF ATLANTA POLICE ZONES (1, 3, 5 & 6) IN THE WEST, SOUTH AND EAST SIDES OF THE CITY OF ATLANTA THROUGH THE DROP IN CENTER, THE AT PROMISE CENTER, THE WESTSIDE EMPOWERMENT CENTER AND THE CURE VIOLENCE PROGRAM WHICH WAS LAUNCHED IN 2020 IN THE MIDST OF ATLANTA'S SOCIAL AND RACIAL UNREST. THESE SERVICES WORK IN PARTNERSHIP WITH COMMUNITY RESIDENTS AND NEIGHBORHOODS TO INTERVENE IN THE LIVES OF TEENS AND YOUNG ADULTS TO HELP THEM CHANGE THE DIRECTION OF THEIR LIVES TO PRODUCTIVITY AND SUCCESS. THESE PROGRAMS INTERFACE WITH CHRIS 180'S BEHAVIORAL HEALTH AND SCHOOL BASED MENTAL HEALTH SERVICES PROVIDED IN TITLE 1 SCHOOLS AND WITH CHRIS 180 PROGRAMS FOR PEOPLE EXPERIENCING HOMELESSNESS AND FOOD INSECURITY IN ONE OF THESE ZONES. CHRIS 180

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ATTACHMENT 3 (CONT'D)

SUCCESSFULLY PILOTED A 24/7 HELPLINE TO CENTRALIZE ACCESS TO SERVICES WHICH IS STAFFED BY A COMMUNITY RESIDENT WITH A THERAPIST ON CALL. IN AN ADJACENT ZONE, CHRIS 180 IS PILOTING THE CURE VIOLENCE MODEL TO HELP BUILD STRONG, RESILIENT COMMUNITIES THROUGH INTERVENTION AND INTERRUPTION OF COMMUNITY AND GUN VIOLENCE WITH THE GOAL OF RE-DIRECTING AND SUPPORTING INDIVIDUALS IN DEVELOPING THE SKILLS AND RESILIENCY NEEDED FOR SELF-SUFFICIENCY AND PRODUCTIVITY. HEALING CIRCLES AND TRAUMA RESPONSE NETWORK TRAININGS FOR RESIDENTS IS BEING EXPANDED IN THESE ZONES.

ALL COMMUNITY SERVICES WORK TOGETHER AND ARE FREQUENTLY PROVIDED IN PARTNERSHIP WITH OTHER COMMUNITY PROVIDERS, LEVERAGING EACH PARTNER'S STRENGTHS TO ACCOMPLISH OUR GOAL OF HELPING STRENGTHEN FAMILIES AND BUILD SAFE AND RESILIENT COMMUNITIES. BECAUSE OUR CLIENTS WERE SUFFERING, CHRIS 180 STEPPED UP IN 2020 TO PROVIDE FOOD DELIVERY AND WELLBEING CHECKS WHICH FOSTERED TRUST, HELPED BUILD COMMUNITY RELATIONSHIPS, INCREASED ACCESS TO COUNSELING, HOUSING AND OTHER SUPPORTS. DURING 2020 2,046 INDIVIDUALS RECEIVED DIRECT SERVICES. FOOD DISTRIBUTION AND WELLBEING CHECKS PROVIDED IN THESE ZONES HELPED ANOTHER 11,004 INDIVIDUALS, NOT COUNTED IN THE SERVICE DELIVERY TOTAL.

COMMUNITY PARTNERSHIPS: IN ORDER TO ENHANCE SERVICES TO POPULATIONS WITH NEED WHILE AVOIDING DUPLICATION OF SERVICES,

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ATTACHMENT 3 (CONT'D)

CHRIS 180 SEEKS TO LEVERAGE OUR STRENGTHS AND THE STRENGTHS OF PARTNERS BY CREATING PARTNERSHIPS DESIGNED TO FULFILL OUR MISSION IN THE MOST COST EFFECTIVE, EFFICIENT MANNER. TO THIS END, DURING 2020 CHRIS 180 MAINTAINED MOUS WITH OVER 50 NON-PROFIT AND FOR-PROFIT PARTNERS INCLUDING THE ATLANTA POLICE FOUNDATION, LUTHERAN SERVICES, ATLANTA VOLUNTEER LAWYERS, THE URBAN LEAGUE OF ATLANTA, THE BOYS AND GIRLS CLUB OF METRO ATLANTA, ENDEAVORS, FOUR DIFFERENT PUBLIC SCHOOL SYSTEMS IN METRO ATLANTA AND TWO FEDERALLY QUALIFIED HEALTH CENTERS, MERCY CARE AND GOOD SAMARITAN HEALTH CENTER. TO SUPPORT FOOD DELIVERY, COVID TESTING, EMERGENCY RENTAL/HOUSING ASSISTANCE AND OTHER SERVICES, CHRIS 180 SIGNED MOUS WITH CARE, CORE AND THE UNITED WAY. THESE ORGANIZATIONS PROVIDED ESSENTIAL FUNDING TO CHRIS 180, NOT TO MENTION THE MANY FOOD SERVICE PARTNERS WHO DONATED FOOD, MEALS AND FRESH PRODUCE WHICH WERE DELIVERED. AS A RESULT, BASIC NEEDS WERE MET, BARRIERS TO SERVICES WERE REDUCED AND ACCESS TO ESSENTIAL TRAUMA INFORMED COUNSELING AND OTHER SERVICES WERE INCREASED FOR CHILDREN, ADULTS AND FAMILIES AS WELL AS FOR CLIENTS OF OTHER NONPROFITS. A PARTNERSHIP WITH THE GEORGIA PARTNERSHIP FOR TELEHEALTH CONTINUES TO EXPAND SERVICES ON BEHALF OF OUR CLIENTS. PARTNERS FOR WHICH CHRIS 180 PROVIDED TRAUMA TRAINING INCLUDED THE ATLANTA PUBLIC SCHOOLS, FULTON COUNTY PUBLIC SCHOOLS, PURPOSE BUILT SCHOOLS, KENDEZI SCHOOLS, KIPP SCHOOLS, THE BOYS AND GIRLS CLUB, THE YMCA, SHELTERING ARMS, UNITED WAY, AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES. OTHER

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ATTACHMENT 3 (CONT'D)

COLLABORATIVE PARTNERSHIPS IN 2020 INCLUDED THE ANSLEY SCHOOL FOR HOMELESS CHILDREN, YEAR UP, THE GRADY TRAUMA PROJECT, OUR HOUSE, OPEN DOORS, CRIMINAL JUSTICE COORDINATING COUNCIL, GEORGIA STATE UNIVERSITY, FULTON COUNTY SHERIFF'S OFFICE, AND THE JUVENILE COURTS OF FULTON, DEKALB AND GWINNETT COUNTIES.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

RESIDENTIAL AND HOUSING SERVICES: IN 2020 CHRIS 180 OPERATED TRADITIONAL FOSTER HOMES, TWO GATEWAY HOMES FOR SIBLINGS IN FOSTER CARE, FOSTER TO ADOPT HOMES AND OUR LEGACY GROUP HOME PROGRAM. THE JOURNEYZ PROGRAM IS THE ORGANIZATION'S FOUNDING PROGRAM AND CONSISTS OF SEVEN, SIX BED HOMES IN THE COMMUNITY DESIGNED TO HELP TRAUMATIZED AND EXPLOITED CHILDREN IN FOSTER CARE WHO HAVE SEVERE EMOTIONAL AND BEHAVIOR PROBLEMS HEAL, BUILD RESILIENCY AND DEVELOP THE SKILLS THEY NEED TO NAVIGATE LIFE'S CHALLENGES BY GIVING THEM ESSENTIAL SUPPORTS AND A HOME IN A NEIGHBORHOOD. 62% OF YOUTH HAVE AN ACE SCORE OF FOUR (4) OR MORE AND HAVE EXPERIENCED MULTIPLE MOVES WHILE IN FOSTER CARE. MANY HAVE EXPERIENCED ONE OR MORE FAILED ADOPTIONS. THE PANDEMIC REQUIRED HOME SCHOOLING AND MANY ADAPTATIONS WHICH THE CHILDREN AND STAFF HANDLED EXTREMELY WELL. DURING 2020, 128 FOSTER CHILDREN RECEIVED A HOME, COUNSELING AND SUPPORT.

HOUSING SERVICE COMPONENTS INCLUDE STREET OUTREACH, CHRIS 180'S

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ATTACHMENT 4 (CONT'D)

DROP-IN-CENTER, EMERGENCY RENTAL AND UTILITY ASSISTANCE, EMERGENCY/TRANSITIONAL HOUSING, PERMANENT SUPPORTIVE HOUSING AT SUMMIT TRAIL APARTMENTS (WHICH IS OWNED AND OPERATED BY CHRIS 180), AND HOUSING IN THE COMMUNITY. THROUGH STREET OUTREACH AND THE DROP-IN-CENTER, TEENS AND YOUNG ADULTS WHO ARE EXPERIENCING HOMELESSNESS ARE CONNECTED WITH SUPPORT, COUNSELING, EMERGENCY ASSISTANCE AND HOUSING. FAMILIES WITH CHILDREN RECEIVED SUPPORT VIRTUALLY AND THROUGH OTHER LOCATIONS. COUNSELING AND SUPPORT SERVICES ARE AVAILABLE TO EVERY PERSON TOUCHED BY THESE SERVICE COMPONENTS AND 90% USE AT LEAST ONE SERVICE.

IN THE TRANSITIONZ PROGRAM AT SUMMIT TRAIL APARTMENTS: THE GOAL OF SERVICES IS TO HELP SINGLE AND PARENTING HOMELESS YOUTH AND THOSE AGING OUT OF FOSTER CARE, AGES 17 - 24 (UPON ENTRY), BECOME SELF-SUFFICIENT ADULTS THROUGH A COMBINATION OF HOUSING, COUNSELING, EMPLOYMENT SERVICES AND SUPPORT SERVICES. SUPPORT SERVICES INCLUDE CASE MANAGEMENT, LIFE SKILLS, EDUCATIONAL SUPPORT, FINANCIAL MANAGEMENT, JOB COACHING AND PARENTING SKILLS. 74% OF YOUTH SERVED HAVE AN ACE SCORE OF FOUR (4) OR MORE. DURING 2020, 75 YOUNG ADULTS, INCLUDING YOUNG PARENTS WITH A TOTAL OF 12 CHILDREN, RECEIVED HOUSING AND COMPREHENSIVE SERVICES FOR AN AVERAGE LENGTH OF STAY OF 18 MONTHS. DESPITE THE PANDEMIC 50% OF THE YOUNG ADULTS REMAINED EMPLOYED AND 20% WERE ENROLLED IN AN EDUCATIONAL PROGRAM WHICH RANGED FROM COLLEGE TO GED AND HIGH SCHOOL. DATA TRACKED OVER 10 YEARS SHOWS THAT FOUR (4) YEARS POST DISCHARGE, AN AVERAGE OF 98% OF

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ATTACHMENT 4 (CONT'D)

THESE YOUNG ADULTS ARE SAFELY HOUSED WITH 94% EMPLOYED AND/OR IN SCHOOL.

SINCE THE END OF 2017, CHRIS 180 HAS STEADILY INCREASED EFFORTS TO PREVENT HOMELESSNESS THROUGH EXPANSION OF "BRIDGE HOUSING" OPTIONS WHILE WORKING TO HELP YOUNG ADULTS AND FAMILIES WITH CHILDREN SECURE MORE PERMANENT HOUSING. OUTREACH IN THE COMMUNITY MAKES CLEAR THAT SERVICES ARE INCLUSIVE OF RACE, RELIGION, ETHNICITY, GENDER IDENTITY AND SEXUAL ORIENTATION. PARTNERS INCLUDE THE FULTON AND DEKALB CONTINUUMS OF CARE, SALVATION ARMY, PARTNERS FOR HOME, QUEST COMMUNITY DEVELOPMENT, OPEN DOORS AND THE WESTSIDE FUTURE FUND. DURING 2020, 384 YOUNG ADULTS AND FAMILIES WITH 296 CHILDREN WERE SAFELY HOUSED. AS A RESULT OF OBTAINING SERVICES, 94% WERE WORKING AND 27% WERE ALSO IN SCHOOL.

DURING 2020, SUPPORT, ASSISTANCE, RESOURCE GUIDES AND REFERRALS WERE PROVIDED TO 434 HOMELESS YOUTH THROUGH FACE-TO-FACE MEETINGS AND TELEPHONE FOLLOW UP SUPPORT. OF THESE 347 YOUTH AND YOUNG ADULTS 100% BECAME AND REMAIN HOUSED. THE EMERGENCY ASSISTANCE PROGRAM WORKS TO PREVENT HOMELESSNESS FOR YOUNG ADULTS WITH MENTAL HEALTH ISSUES WHO ARE UP TO AGE 35 (AND THEIR FAMILIES) AND HELPS THOSE WHO ARE ALREADY HOMELESS BY ASSISTING THEM IN OBTAINING STABLE HOUSING AND EMPLOYMENT WHILE THEY RECEIVE SUPPORT, COUNSELING, GUIDANCE AND INSTRUCTION DESIGNED TO FOSTER SELF-SUFFICIENCY. 78% OF

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ATTACHMENT 4 (CONT'D)

YOUNG ADULTS SERVED HAD AN ACE SCORE OF FOUR (4) OR MORE. AN ADDITIONAL 1,874 YOUTH SEEKING HOUSING AND ASSISTANCE WHO CONTACTED THE PROGRAM VIA, EMAIL, SOCIAL MEDIA OR TELEPHONE WERE PROVIDED SUPPORT AND GUIDANCE AS WELL AS RESOURCE GUIDES AND REFERRALS FOR HELP AVAILABLE THROUGH CHRIS 180 AND OTHER PROVIDERS. TELEPHONE FOLLOW UP CALLS, EMAILS AND SOCIAL MEDIA MESSAGES WERE MADE TO OFFER ADDITIONAL SERVICES AND PROVIDE ON-GOING SUPPORT.

AS A RESULT OF THE PANDEMIC, INDIVIDUALS WHO HAD HOUSING WERE UNDER TREMENDOUS STRESS, AT RISK OF LOSING THEIR HOUSING AND BECOMING HOMELESS WHEN THE EVICTION MORATORIUM WAS LIFTED. CHRIS 180 RECEIVED FUNDING FROM THE UNITED WAY AS WELL AS OTHER DONORS SO THAT THE OUTREACH AND COMMUNITY HOUSING PROGRAM ALSO WAS ABLE TO ASSIST OVER 350 HOUSEHOLDS WITH RENT, MORTGAGE AND UTILITY ASSISTANCE DURING 2020.

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
THE CHRIS TRAINING INSTITUTE		1,095,913.	903,048.
TOTALS		<u>1,095,913.</u>	<u>903,048.</u>

ATTACHMENT 6

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ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NURSING SERVICES QUALITY 463 SILVERTON DR MCDONOUGH, GA 30252	NURSING SERVICES	151,000.
SERVICES OF AMERICA, INC HAKIBA WELLNESS P. O. BOX 361887 DECATUR, GA 30036	PSYCHIATRY SERVICES	126,750.

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	275,067.
TOTALS	<u>275,067.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization

CHRIS 180, INC.

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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 for instructions and the latest information.

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

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows include CHRIS PROPERTIES, LLC and CHRIS HOMES PROPERTIES, LLC.

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.

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? Rows include CHRIS 180 SUPPORT ORGANIZATION, INC.

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V - UBI amount; (j) General or managing partner?; (k) Percentage ownership.

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?.

Schedule R (Form 990) 2020

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?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses.
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s).

Table with 2 columns: Yes, No. Rows 1a through 1s.

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6).

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII

Supplemental Information

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return CHRIS 180, INC.
Identifying number 58-1430183

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Row 1: ATTACHMENT 1, 195,186.

3 Gain, if any, from Form 4684, line 39 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5
6 Gain, if any, from line 32, from other than casualty or theft 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 195,186.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.
8 Nonrecaptured net section 1231 losses from prior years. See instructions 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable. 12
13 Gain, if any, from line 31 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16
17 Combine lines 10 through 16 17
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

