

Chris 180, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2019

TAX RETURNS

SMITH & HOWARD

Certified Public Accountants and Advisers

CHRIS 180, INC.
INSTRUCTIONS FOR FILING
FORM 990-T
990-T - EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN
FOR THE YEAR ENDED DECEMBER 31, 2019

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY JULY 15, 2020 WITH:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

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

COVID-19 ALERT – AS A RESULT OF THE COVID-19 PANDEMIC, THE US TREASURY AND IRS HAVE PROVIDED RELIEF FROM FILING AND PAYMENTS GENERALLY DUE 5/15/2020 FOR 60 DAYS. THEREFORE, THE DATES FOR FILING YOUR NONPROFIT TAX RETURN TYPICALLY DUE BY 5/15/2020, HAVE BEEN EXTENDED TO 7/15/2020. YOU MAY FILE THE RETURN/PAYMENTS AT ANY TIME PRIOR TO 7/15/2020 BUT YOU WILL NOT INCUR PENALTIES OR INTEREST FOR FILING/PAYMENTS MADE AFTER 5/15/2020 AND BEFORE 7/15/2020.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

NO ESTIMATED TAX PAYMENTS FOR 2020 WILL BE REQUIRED, NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES BECAUSE YOU HAVE NO 2019 TAX LIABILITY.

CHRIS 180, INC.
INSTRUCTIONS FOR FILING
FORM 8879-EO
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2019

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.

COVID-19 ALERT – AS A RESULT OF THE COVID-19 PANDEMIC, THE US TREASURY AND IRS HAVE PROVIDED RELIEF FROM FILING AND PAYMENTS GENERALLY DUE 5/15/2020 FOR 60 DAYS. THEREFORE, THE DATES FOR FILING YOUR NONPROFIT TAX RETURN TYPICALLY DUE BY 5/15/2020, HAVE BEEN EXTENDED TO 7/15/2020. YOU MAY FILE THE RETURN/PAYMENTS AT ANY TIME PRIOR TO 7/15/2020 BUT YOU WILL NOT INCUR PENALTIES OR INTEREST FOR FILING/PAYMENTS MADE AFTER 5/15/2020 AND BEFORE 7/15/2020.

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 JULY 15, 2020. 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.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20 _____

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

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

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CHRIS 180, INC.

Employer identification number

58-1430183

Name and title of officer

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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>23366184.</u>
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	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's 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 organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶

Date ▶ 07/15/2020

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 2019 electronically filed return for the organization 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 ▶

Date ▶

**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** (2019)

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

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, 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 \$ 23,770,887.		
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		J Website: WWW.CHRIS180.ORG				H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1981		M State of legal domicile: GA

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		25.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		24.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5		469.
	6 Total number of volunteers (estimate if necessary)	6		203.
	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	Current Year
	9 Program service revenue (Part VIII, line 2g)		5,523,604.	6,908,934.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,706,299.	16,611,920.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		128,636.	160,335.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		98,997.	-315,005.
			21,457,536.	23,366,184.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	151,791.
	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)		12,370,101.	15,858,942.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 798,960.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,353,916.	6,564,509.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,724,017.	22,575,242.	
19 Revenue less expenses. Subtract line 18 from line 12		2,733,519.	790,942.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		24,050,887.	25,190,373.
	22 Net assets or fund balances. Subtract line 21 from line 20		7,272,376.	7,627,587.
		16,778,511.	17,562,786.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	KATHERINE COLBENSON Type or print name and title		07/15/2020 PRESIDENT AND CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SABRE J LINAHAN	<i>Sabre Linahan</i>			P01372980
	Firm's name ▶ SMITH & HOWARD, P.C.	Firm's EIN ▶ 58-1250486	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** (2019)

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 \$ 8,082,745. including grants of \$ 151,791.) (Revenue \$ 7,486,594.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 3,852,411. including grants of \$) (Revenue \$ 3,804,166.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 6,974,867. including grants of \$) (Revenue \$ 5,215,249.)

ATTACHMENT 4

4d Other program services (Describe on Schedule O.) ATTACHMENT 5
(Expenses \$ 369,198. including grants of \$) (Revenue \$ 105,911.)

4e Total program service expenses 19,279,221.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various organizational requirements and reporting obligations.

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 number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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) KATHY COLBENSON PRESIDENT & CEO	40.00 .10	X		X				287,781.	0.	32,468.
(2) CINDY SIMPSON COO	40.00 0.			X				192,375.	0.	31,429.
(3) FREDERICK MARK PHILIPS CFO	40.00 6.00			X				165,058.	0.	13,500.
(4) KEVIN CLIFT CHIEF DEVELOPMENT OFFICER	40.00 0.					X		129,210.	0.	6,033.
(5) SUSAN O'FARRELL CHAIR	1.00 0.	X						0.	0.	0.
(6) JULIA HOUSTON VICE CHAIR	1.00 0.	X						0.	0.	0.
(7) DEBBIE SESSIONS TREASURER	1.00 0.	X						0.	0.	0.
(8) CYRIL TURNER SECRETARY	1.00 0.	X						0.	0.	0.
(9) GABE BANKS TRUSTEE	1.00 0.	X						0.	0.	0.
(10) JAY BERNATH TRUSTEE	1.00 0.	X						0.	0.	0.
(11) I'SYS CAFFEY TRUSTEE	1.00 0.	X						0.	0.	0.
(12) RON CARMICHAEL TRUSTEE	1.00 0.	X						0.	0.	0.
(13) EMILY CHAMBERS TRUSTEE	1.00 0.	X						0.	0.	0.
(14) LENORE WILSON CUSICK 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) TODD ELLIS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(16) APRIL ESTES ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(17) PAMELA GOODE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(18) MONA B. HARTY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(19) KEVIN HEATH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(20) SUSAN JOHNSON ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(21) ROBERT KEATLEY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(22) ROB KIGHT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(23) PAULA LARSON ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(24) VALARIE MACKEY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(25) TODD MARKLE ----- TRUSTEE	1.00 ----- .10	X						0.	0.	0.
1b Sub-total								774,424.	0.	83,430.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								774,424.	0.	83,430.

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 **▶ 4**

	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 **▶ 3**

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) TERRIN MCKAY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(27) ARAYA MESFIN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(28) J. SCOTT MOSTELLER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(29) TERRY RUSSELL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(30) BECCA SHERRILL ----- 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 **▶** 4

	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

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

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 and 10b for land/equipment and 10c for accumulated depreciation.

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	23,366,184.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,575,242.
3	Revenue less expenses. Subtract line 2 from line 1	3	790,942.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,778,511.
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	-6,667.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,562,786.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

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) 2019

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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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (70.33%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (60.48%); 16a 33 1/3% support test - 2019 (checked); 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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 five 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 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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.

19b 33 1/3% support tests - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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. Row 11: Has the organization accepted a gift or contribution from any of the following persons? 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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):			
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 1-1/2% 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 .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 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		
<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).			

Schedule A (Form 990 or 990-EZ) 2019

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

▶ 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, 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		\$ 273,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 150,000.	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 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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

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

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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) 2019

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" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2016	(b) 2017	(c) 2018	(d) 2019	(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 3 main columns: (a) Yes/No, (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...; 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 3 columns: Question, 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 2 main columns: Question, Amount. 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 W. L. CLIFTON AND 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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two 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: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures.

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: Line number, Description, and Amount. Includes rows for art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2019

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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: Description, 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 6 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 29.5500 %
b Permanent endowment %
c Term endowment 70.4500 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- 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 5 columns: (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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9).

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9).

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows (2) through (9).

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 [X]

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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

SEE PAGE 5

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, 2016.

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.

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.

Table with 5 columns: (a) Event #1 CHRISTAL BALL, (b) Event #2 PREMIERE PARTY, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
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**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRIS 180, INC.

Employer identification number

58-1430183

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) CHRIS 180 SUPPORT ORGANIZATION, INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	82-4568175	501(C)(3)	151,791.		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 ▶

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

Schedule I (Form 990) (2019)

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 2019 WAS TO THE CHRIS 180 SUPPORT ORGANIZATION,
INC. FOR THE FACILITATION OF THE NEW MARKET TAX CREDIT TRANSACTION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRIS 180, INC.

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
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) 2019

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	KATHY COLBENSON PRESIDENT & CEO	(i) 287,781.	(ii) 0.	(iii) 0.	26,045.	6,423.	320,249.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	CINDY SIMPSON COO	(i) 192,375.	(ii) 0.	(iii) 0.	18,000.	13,429.	223,804.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	FREDERICK MARK PHILIPS CFO	(i) 165,058.	(ii) 0.	(iii) 0.	13,500.	0.	178,558.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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
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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	2.	3,610.	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)		246.	343,649.	
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 IV, 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?	30a		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?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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) 2019

JSA

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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>
EVENT GOODS	X	76.	71,949.	FMV
MISCELLANEOUS GOODS	X	170.	271,700.	FMV
TOTALS		<u>246.</u>	<u>343,649.</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

2019

**Open to Public
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 2019, 2,971 UNDUPLICATED EXTERNAL INDIVIDUALS ATTENDED TRAININGS. OF THESE, 1,098 INDIVIDUALS PARTICIPATED IN ONE TO THREE DAYS OF TRAINING IN TRAUMA STARS, CHRIS 180'S SIGNATURE TRAUMA TRAINING PROGRAM, IN ADDITION TO 1,853 SCHOOL PERSONNEL. 587 INTERNAL STAFF PARTICIPANTS WERE TRAINED IN THE PREVENTION OF CHILD SEXUAL ABUSE AND UNDERSTANDING THE IMPACT OF TRAUMA. TRAINING IN WORKING WITH LGBT YOUTH AND BULLYING WAS PROVIDED TO 383 INDIVIDUALS. DURING 2019, YOUTH/ADULT MENTAL HEALTH FIRST AID AND MANY OTHER CLINICAL PROFESSIONAL COURSES SUCH AS MOTIVATIONAL INTERVIEWING, ETHICS TRAINING, DIALECTICAL BEHAVIORAL THERAPY, PLAY THERAPY AND COMPREHENSIVE CHILD AND FAMILY ASSESSMENT TRAININGS WERE PROVIDED AS WELL.

FORM 990, PART VI, LINE 11B

CHRIS 180 PROVIDES A COPY OF THE FORM 990 TO THE AUDIT & FINANCE

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

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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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 XI, LINE 9

-\$6,667 ACCOUNTS PAYABLE FROM SUPPORTING ORGANIZATION CONSOLIDATED
AND ELIMINATED FOR BOOK PURPOSES BUT FILED SEPARATELY FOR TAX.

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 2019, CHRIS 180
PROVIDED LIFE CHANGING SERVICES FOR 9,603 UNDUPLICATED PEOPLE THROUGH
ITS VARIOUS PROGRAMS AND SERVICES AND PROVIDED SPECIALIZED TRAINING
TO AN ADDITIONAL UNDUPLICATED 2,971 COMMUNITY PROFESSIONALS,
PARAPROFESSIONALS AND SCHOOL PERSONNEL. CHRIS 180'S ULTIMATE GOAL IS

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

TO EMPOWER PEOPLE TO BUILD RESILIENCY THROUGH THE DEVELOPMENT OF SKILLS AND INDEPENDENCE THEY NEED TO NAVIGATE LIFE'S CHALLENGES AND BE CONTRIBUTING CITIZENS. CHRIS 180 IS A MULTI-SERVICE ORGANIZATION THAT 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 SERVICES, PARTNERSHIPS AND TRAININGS DESIGNED TO PROMOTE RECOVERY, FOSTER INDIVIDUAL ACCOUNTABILITY AND UNLOCK THE POTENTIAL IN EVERY MAN, WOMAN AND CHILD.

IN MARCH 2016, THE BOARD OF DIRECTORS VOTED TO PROCEED WITH A CAPITAL CAMPAIGN TO RAISE \$12,000,000 TO EXPAND THE ORGANIZATION'S IMPACT, SUPPORT INNOVATION, AND ENSURE A STRONG, SUSTAINABLE FUTURE. AN INITIAL PLEDGE OF \$3,000,000 TOWARD THIS GOAL WAS RECEIVED IN 2016 WITH SUBSEQUENT OTHER FOUNDATION GIFTS, INCLUDING BOARD GIFTS AND PLEDGES REPRESENTING 100% BOARD PARTICIPATION. DUE TO INCREASES IN CONSTRUCTION COSTS, IN 2017 THE CHARITABLE GOAL WAS INCREASED TO \$13,000,000 AND THE DECISION WAS MADE TO PURSUE AN ALLOCATION THROUGH THE NEW MARKET TAX CREDIT (NMTC) PROGRAM FOR THE ELIGIBLE PORTION OF CHRIS 180'S EXPANSION IN ORDER TO SECURE ADDITIONAL FUNDS TO GENERATE \$15,000,000. THE NMTC PROGRAM INCENTIVIZES COMMUNITY DEVELOPMENT AND ECONOMIC GROWTH USING TAX CREDITS THAT ATTRACT PRIVATE INVESTMENT IN DISTRESSED COMMUNITIES WHERE THE INDIVIDUAL POVERTY RATE IS FROM 20-30% OR HIGHER. CHRIS 180 USED A PORTION OF THE FUNDS RAISED FROM THE CAPITAL CAMPAIGN TO LEVERAGE NMTC FUNDING OF \$2,600,000.

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

CONSTRUCTION BEGAN IN MARCH 2018 AND THE NEW MARKET TAX CREDIT TRANSACTION AGREEMENT WAS FINALIZED IN APRIL 2018. CHRIS 180 MOVED INTO THE COMPLETED NEW BUILDING, HOMES AND INTEGRATED HEALTH CLINIC DURING 2019. ALL FUNDING RECEIVED THROUGH THE NEW MARKET TAX CREDIT PROGRAM WAS EXPENSED, REVIEWED, ACCEPTED WHEN THE PROJECT ENTERED ITS COMPLIANCE PHASE.

ATTACHMENT 2

FORM 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 IN SOCIETY. THE ADVERSE CHILDHOOD EXPERIENCE (ACE) QUESTIONNAIRE HAS BEEN UTILIZED SINCE 2007 TO HELP ASSESS LEVELS OF TRAUMA INDIVIDUALS HAVE EXPERIENCED. 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

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

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. IN 2019 CHRIS 180 OPENED A DAY TREATMENT SUBSTANCE ABUSE PROGRAM FOR TEENS AND YOUNG ADULTS, EXPANDED COUNSELING AND COMMUNITY HEALTH SERVICES FOR ADULTS THROUGH THE WESTSIDE EMPOWERMENT CENTER AND, IN DECEMBER, OPENED AN INTEGRATED HEALTH CLINIC IN PARTNERSHIP WITH MERCY CARE IN EAST ATLANTA.

CHRIS 180'S SPECIAL FOCUS IS ON HELPING PEOPLE HEAL AND RECOVER FROM TRAUMA. THERAPISTS UTILIZE 26 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 CONFRONT, BUILD

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

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.

COUNSELING LOCATIONS INCLUDE: CHRIS COUNSELING CENTER IN ATLANTA, GA; ADAMSVILLE HEALTH CENTER, OAKHILL FAMILY AND CHILDREN CENTER, AT PROMISE CENTER, WESTSIDE EMPOWERMENT CENTER AND NORTH FULTON ANNEX IN FULTON COUNTY; CHRIS COUNSELING CENTER GWINNETT LOCATED IN LAWRENCEVILLE, GA; 42 SCHOOLS IN THE CITY OF ATLANTA, CLAYTON COUNTY, DEKALB COUNTY AND FULTON COUNTY PUBLIC SCHOOL SYSTEMS; PARTNER LOCATIONS; IN THE COMMUNITY; AND, THROUGH TELEPSYCHIATRY. PLANS FOR 2020 INCLUDE OPENING A CHRIS COUNSELING CENTER IN DEKALB COUNTY.

CHRIS 180 CONTINUED TO EXPAND SCHOOL-BASED COUNSELING SERVICES DURING 2019 AND WAS PROVIDING SCHOOL BASED MENTAL HEALTH SERVICES IN 42 SCHOOLS AT THE END OF 2019. YEAR THREE OF PROJECT 180 WAS COMPLETED. PROJECT 180 IS A SCHOOL BASED, TRAUMA INFORMED TRAINING AND THERAPY INITIATIVE IN SIX CITY OF ATLANTA PUBLIC SCHOOLS LOCATED IN HIGH POVERTY COMMUNITIES. PROJECT 180 IS FUNDED THROUGH THE SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA).

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

DURING 2019, COUNSELING WAS PROVIDED TO 4,752 INDIVIDUALS ACROSS ALL LOCATIONS. ACE (ADVERSE CHILDHOOD EXPERIENCE) SCORES FOR THOSE SERVED ACROSS CLIENT LOCATIONS INDICATED THAT FROM 38% TO 89% OF INDIVIDUALS HAD A SCORE OF FOUR (4) OR MORE. ALL CLIENTS RECEIVE A TRAUMA ASSESSMENT, 98% OF FAMILIES REPORTED FEELING LESS STRESS AND REPORTED IMPROVEMENTS IN FAMILY FUNCTIONING. 87% REPORTED THAT THEY WOULD RECOMMEND THE CHRIS COUNSELING CENTER TO OTHERS.

PRE AND POST TESTS FOR CHILDREN SERVED IN SCHOOL SETTINGS INDICATE THAT THE NUMBER OF STUDENTS WITH HIGHEST RISK DECREASED BY ONE FIFTH AND REVEALED A 39% INCREASE IN IMPROVED BEHAVIOR AND SCHOOL ATTENDANCE AND A 42% DECREASE IN DISCIPLINARY REFERRALS.

ATTACHMENT 3

FORM 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 RELATIONSHIPS WITHIN THE

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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ATTACHMENT 3 (CONT'D)

FAMILY AND HELP EACH FAMILY MEMBER BUILD THE SKILLS NECESSARY TO THRIVE. COMMUNITY SERVICES ARE OFTEN PROVIDED IN PARTNERSHIP WITH OTHER COMMUNITY PROVIDERS AND LEVERAGE EACH PARTNER'S STRENGTHS TO ACCOMPLISH GOALS. DURING 2019, 2,633 INDIVIDUALS RECEIVED HELP.

KEEPING FAMILIES TOGETHER (KFT):

CHRIS 180 ASSISTS GEORGIA'S MOST VULNERABLE CHILDREN AND THEIR FAMILIES IN BUILDING A PLAN OF SUPPORT AND SERVICES TO HELP THEM ESTABLISH SAFETY AND STABILITY IN THEIR HOMES AND STRENGTHEN THE FAMILY UNIT, ENABLING THEM TO BECOME STRONGER AND STAY TOGETHER. DURING 2019, 33% - 52% OF CLIENTS HAD AN ACE OF FOUR (4) OR MORE. 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 ACHIEVE THEIR GOALS SO THAT FAMILIES AND EACH INDIVIDUAL WITHIN THE FAMILY CAN BUILD A NATURAL SUPPORT SYSTEM IN THE COMMUNITY AND BUILD SKILLS TO HELP THEMSELVES. DURING 2019, 1,740 INDIVIDUALS RECEIVED ASSISTANCE AND SAFETY WAS ENSURED FOR ALL CHILDREN IN ALL FAMILIES. 96% OF FAMILIES WERE STRENGTHENED, AVOIDING DISRUPTION THROUGH HOSPITALIZATION, INCARCERATION OR THE OUT-OF-HOME PLACEMENT OF A CHILD; 98% OF YOUTH CLASSIFIED AS DESIGNATED JUVENILE FELONS GRADUATED WITH NO NEW JUVENILE CHARGES AND REMAINED WITH THEIR FAMILIES, AVOIDING RE-INCARCERATION*; AND, 94% OF FAMILIES REPORTED THAT THEY WOULD RECOMMEND CHRIS 180 SERVICES

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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ATTACHMENT 3 (CONT'D)

TO OTHERS. KFT COMMUNITY SERVICES ARE ALSO PROVIDED TO INCARCERATED YOUNG ADULTS, INCLUDING YOUNG PARENTS THROUGH EXPANDED RE-ENTRY PROGRAMS IN FULTON COUNTY JAIL. THE MEN'S PROGRAM IN FULTON COUNTY HAD A 91% SUCCESS RATE.

*RESEARCH CONDUCTED BY THE FLORIDA DEPARTMENT OF JUVENILE JUSTICE DETERMINED THAT WITH EACH ADDITIONAL ACE, A DELINQUENT YOUTH'S RISK OF BECOMING A SERIOUS, VIOLENT AND CHRONIC OFFENDER INCREASES 35 TIMES.

CHRIS ADOPTIONS:

CHRIS ADOPTIONS PROVIDES A UNIQUE SET OF TRAUMA INFORMED SERVICES AND SUPPORTS TO ENSURE THAT CHILDREN IN FOSTER CARE TRULY HAVE A FOREVER FAMILY BECAUSE NO CHILD SHOULD EVER HAVE TO AGE OUT OF FOSTER CARE. NO POTENTIAL ADOPTIVE FAMILY OR CHILD IN NEED OF ADOPTION IS DENIED BASED ON THEIR SEXUAL ORIENTATION OR GENDER IDENTITY. IN 2013, CHRIS 180 DEVELOPED A TRAUMA INFORMED FOSTER CARE ADOPTION MODEL (TIFCAM) WITH THE GOAL OF REDUCING - AND ELIMINATING - FAILED ADOPTIONS FOR CHILDREN IN FOSTER CARE. GATEWAY FOSTER HOMES WERE ENVISIONED AND CREATED BY CHRIS 180 TO SUPPORT THE ADOPTION, RE-UNIFICATION AND KINSHIP CARE PROCESS BY PROVIDING SPECIALIZED FOSTER HOMES FOR SIBLING GROUPS IN FOSTER

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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ATTACHMENT 3 (CONT'D)

CARE WHO ARE OFTEN PLACED IN HOTELS TEMPORARILY, ARE SEPARATED INTO DIFFERENT FOSTER HOMES OR FOR WHOM THE SEPARATION OF SIBLINGS CAN BE AVOIDED IN THE FIRST PLACE. DURING 2019, 91 INDIVIDUALS WERE SERVED, 24 PROSPECTIVE PARENTS COMPLETED TRAINING, SIX CHILDREN WERE PLACED IN THEIR ADOPTIVE HOMES AND 10 CHILDREN WERE ENGAGED IN THE MATCHING PROCESS WITH PROSPECTIVE FAMILIES.

THERE HAVE BEEN NO ADOPTION DISRUPTIONS SINCE THE PROGRAM'S INCEPTION IN 2013.

DROP IN CENTER:

FUNDED LARGELY THROUGH A CONTRACT WITH THE STATE OF GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD), THE DROP IN CENTER FOCUSES ON THE CRISIS OF YOUTH HOMELESSNESS THROUGH HELPING 16 - 26 YEAR OLD YOUTH AND YOUNG ADULTS MAKE A SAFE TRANSITION TO ADULTHOOD AND BY ASSISTING THEM IN MEETING THEIR NEEDS FOR SAFE HOUSING, COUNSELING, EMPLOYMENT AND SUPPORT SERVICES. TARGETED OUTREACH MAKES SURE THAT LGBTQ+ YOUTH ARE EMBRACED. A SUPPORTED EMPLOYMENT PROGRAM WAS IMPLEMENTED AS AN ADDITIONAL SERVICE IN 2019. 51% OF THE YOUTH SERVED HAVE AN ACE SCORE OF FOUR (4) OR MORE. DURING 2019, THE DROP IN CENTER HELPED 221 YOUTH. OF THESE YOUTH, 96% OF THOSE REQUESTING HOUSING WERE SUCCESSFULLY LINKED TO HOUSING, 98% THAT NEEDED VITAL RECORDS SUCCESSFULLY OBTAINED THE NEEDED VITAL RECORDS, AND 78% WANTING EMPLOYMENT OBTAINED EMPLOYMENT AND

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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ATTACHMENT 3 (CONT'D)

MAINTAINED EMPLOYMENT FOR 90 DAYS.

YOUTH BUILD:

THE YOUTH BUILD PROGRAM IS FUNDED THROUGH A GRANT WITH THE DEPARTMENT OF JUSTICE WHICH WAS RENEWED. DURING 2019, 29 YOUNG ADULTS, 64% OF WHOM HAD AN ACE SCORE OF FOUR (4) OR MORE, RECEIVED HELP AND 81% ATTAINED A GED AND /OR CONSTRUCTION CERTIFICATION. OPPORTUNITIES FOR FIELD CONSTRUCTION EXPERIENCE ARE PROVIDED THROUGH PARTNERSHIPS.

AT PROMISE YOUTH CENTER:

THE AT-PROMISE YOUTH CENTER OPENED IN AUGUST 2017 IN PARTNERSHIP WITH THE ATLANTA POLICE FOUNDATION WITH CHRIS 180 SERVING AS THE LEAD ORGANIZATION COORDINATING SERVICES WITH THREE NONPROFIT PARTNERS. CHRIS 180 IS THE INITIAL POINT OF CONTACT AND ALL SERVICES ARE GUIDED BY A CHRIS 180 ASSESSMENT. WHILE THE GOAL OF THE CENTER IS TO SERVE AS A DETENTION/JAIL DIVERSION AND INTERVENTION CENTER TO HELP YOUTH AND YOUNG ADULTS, IT HAS BEEN ACCESSED BY A WIDE RANGE OF INDIVIDUALS SEEKING ASSISTANCE. AT PROMISE HAS HELPED 524 YOUTH WITH COUNSELING, CASE MANAGEMENT SERVICES, LIFE SKILLS, GED, WORKFORCE DEVELOPMENT, TUTORING, LEADERSHIP DEVELOPMENT, SUBSTANCE ABUSE EDUCATION AND HIV TESTING. OF THE YOUTH BETWEEN THE AGES OF 15 AND 18 SERVED, 49% HAD AN ACE

Name of the organization

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ATTACHMENT 3 (CONT'D)

SCORE OF FOUR (4) OR MORE AND 73% OF THE YOUNG ADULTS, AGES 19 THROUGH 25, HAD AN ACE SCORE OF FOUR (4) OR MORE. THE RECIDIVISM RATE FOR YOUTH SERVED IS 2%, REFLECTING A 98% SUCCESS RATE. IN ADDITION, THE AT-PROMISE CENTER HAS HELPED 223 FAMILIES AND YOUNG ADULTS WHO WERE OR ARE HOMELESS SECURE STABLE HOUSING. SINCE THE CENTER OPENED, OVER 700 UNDUPLICATED INDIVIDUALS IN ONE OF THE MOST DISTRESSED AND UNDERSERVED COMMUNITIES IN ATLANTA HAVE RECEIVED HELP AND ASSISTANCE.

COMMUNITY PARTNERSHIPS:

IN ORDER TO ENHANCE SERVICES TO POPULATIONS WITH NEED WHILE AVOIDING DUPLICATION OF SERVICES, CHRIS 180 SEEKS TO LEVERAGE OUR STRENGTHS AND THE STRENGTHS OF OUR PARTNERS BY CREATING PARTNERSHIPS DESIGNED TO FULFILL OUR MISSION IN THE MOST COST EFFECTIVE, EFFICIENT MANNER. TO THIS END, DURING 2019 CHRIS 180 MAINTAINED MEMORANDUMS OF UNDERSTANDING WITH ALMOST 50 NON-PROFIT AND FOR-PROFIT PARTNERS INCLUDING THE ATLANTA POLICE FOUNDATION, THE URBAN LEAGUE OF ATLANTA, THE BOYS AND GIRLS CLUB OF METRO ATLANTA, FOUR DIFFERENT PUBLIC SCHOOL SYSTEMS IN METRO ATLANTA AND TWO FEDERALLY QUALIFIED HEALTH CENTERS, MERCY CARE AND HEALING COMMUNITY. AS A RESULT, 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 WESTSIDE FUTURE FUND, THE ARTHUR M. BLANK FOUNDATION, AND NONPROFITS

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ATTACHMENT 3 (CONT'D)

WORKING ON THE WESTSIDE HAVE RESULTED IN THE DEVELOPMENT OF A WESTSIDE CONNECT PROGRAM WHICH CENTRALIZES REFERRAL RESOURCES ON THE WESTSIDE OF THE CITY OF ATLANTA. A PARTNERSHIP WITH THE GEORGIA PARTNERSHIP FOR TELEHEALTH CONTINUES TO EXPAND SERVICES ON BEHALF OF OUR CLIENTS. TRAINING PARTNERS INCLUDE THE ATLANTA PUBLIC SCHOOLS, FULTON COUNTY PUBLIC SCHOOLS, PURPOSE BUILT SCHOOLS, KENDEZI SCHOOLS, KIPP SCHOOLS, THE YMCA, SHELTERING ARMS, UNITED WAY, AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES. OTHER COLLABORATIVE PARTNERSHIPS IN 2019 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 JUVENILE COURTS OF FULTON, DEKALB AND GWINNETT COUNTIES.

ATTACHMENT 4

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

RESIDENTIAL AND HOUSING SERVICES:

JOURNEYZ HOMES FOR CHILDREN IN FOSTER CARE:

THE JOURNEYZ PROGRAM IS THE ORGANIZATION'S FOUNDING PROGRAM AND CONSISTS OF EIGHT SIX-BED HOMES IN THE COMMUNITY DESIGNED TO HELP TRAUMATIZED AND EXPLOITED CHILDREN IN FOSTER CARE WHO HAVE SEVERE EMOTIONAL AND BEHAVIOR PROBLEMS HEAL AND DEVELOP THE SKILLS THEY NEED TO NAVIGATE LIFE'S CHALLENGES BY GIVING THEM ESSENTIAL

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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 ATTACHMENT 4 (CONT'D)

SUPPORT AND A HOME IN A NEIGHBORHOOD. TRANSGENDER YOUTH MAY CHOOSE TO BE PLACED IN THE HOME IN WHICH THEY ARE MOST COMFORTABLE. 63% OF YOUTH HAVE AN ACE SCORE OF FOUR (4) OR MORE AND 29% HAD EXPERIENCED AT LEAST ONE FAILED ADOPTION PRIOR TO PLACEMENT. DURING 2019, 126 FOSTER CHILDREN RECEIVED A HOME, COUNSELING, AND SUPPORT. ALL THE CHILDREN DEMONSTRATED IMPROVEMENT IN LIFE SKILLS, PARTICIPATED IN VOLUNTEER ACTIVITIES. 87% COMPLETED A LIFE SKILLS GOAL, 31% WERE ABLE TO BE SUCCESSFULLY REUNITED WITH THEIR FAMILIES OR ADOPTED AND 81% OF YOUTH WHO AGED OUT OF FOSTER CARE EITHER CHOSE TO PURSUE AN INDEPENDENT LIVING PROGRAM OR MOVED TO SUMMIT TRAIL APARTMENTS WHICH IS A PERMANENT SUPPORTIVE HOUSING PROGRAM OWNED AND OPERATED BY CHRIS 180.

TRANSITIONZ FOR HOMELESS YOUTH/YOUNG ADULTS AND YOUTH WHO ARE AGING OUT OF FOSTER CARE:

SERVICE COMPONENTS INCLUDE EMERGENCY ASSISTANCE, PERMANENT SUPPORTIVE HOUSING AT SUMMIT TRAIL APARTMENTS AND THE OUTREACH IN COLLABORATION WITH THE DROP IN CENTER AND OUTREACH AND COMMUNITY HOUSING PROGRAM. THE GOAL OF SERVICES IS TO HELP SINGLE AND PARENTING HOMELESS YOUTH AND THOSE AGING OUT OF FOSTER CARE BECOME SELF-SUFFICIENT ADULTS THROUGH A COMBINATION OF HOUSING, COUNSELING AND SUPPORT SERVICES. SUPPORT SERVICES INCLUDE CASE MANAGEMENT, LIFE SKILLS, EDUCATIONAL SUPPORT, FINANCIAL MANAGEMENT, JOB COACHING, AND PARENTING SKILLS. 74% OF YOUTH

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ATTACHMENT 4 (CONT'D)

SERVED HAVE AN ACE SCORE OF FOUR (4) OR MORE.

DURING 2019, PERMANENT SUPPORTIVE HOUSING WAS PROVIDED AT SUMMIT TRAIL APARTMENTS FOR 69 TRAUMATIZED, HOMELESS YOUTH AND YOUTH AGING OUT OF FOSTER CARE. PARENTING YOUNG ADULTS HAD A TOTAL OF 10 CHILDREN. THE AVERAGE LENGTH OF STAY IN THE PROGRAM WAS 15.4 MONTHS. WHILE LIVING IN THE APARTMENTS 88% OF YOUNG PEOPLE WERE WORKING AND/OR IN SCHOOL, 84% MAINTAINED EMPLOYMENT FOR 90 DAYS OR LONGER, 100% OF HIGH SCHOOL SENIORS GRADUATED AND, 47% WERE ENROLLED IN A CERTIFICATION PROGRAM, TECHNICAL SCHOOL OR COLLEGE. OUTCOMES ARE TRACKED AT 2 AND 4 YEARS:

TWO-YEAR POST DISCHARGE OUTCOMES:

96% ARE SAFELY HOUSED

85% ARE EMPLOYED AND/OR IN SCHOOL

FOUR-YEAR + POST DISCHARGE OUTCOMES:

98% ARE SAFELY HOUSED

94% ARE EMPLOYED AND/OR IN SCHOOL

OUTREACH AND COMMUNITY HOUSING:

THE OUTREACH AND COMMUNITY HOUSING PROGRAM PREVENTS 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 BRIDGE (TEMPORARY) HOUSING, STABLE

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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ATTACHMENT 4 (CONT'D)

HOUSING AND EMPLOYMENT WHILE THEY RECEIVE SUPPORT, COUNSELING, GUIDANCE AND INSTRUCTION DESIGNED TO FOSTER SELF-SUFFICIENCY. OUTREACH IN THE COMMUNITY MAKES CLEAR THAT SERVICES ARE INCLUSIVE OF RACE, ETHNICITY, GENDER IDENTITY AND SEXUAL ORIENTATION. PARTNERS INCLUDE THE PARTNERS FOR HOME (ATLANTA CONTINUUM OF CARE), THE DEKALB CONTINUUM OF CARE, SALVATION ARMY, QUEST COMMUNITY DEVELOPMENT, OPEN DOORS AND THE WESTSIDE FUTURE FUND. DURING 2019, 237 CHILDREN AND 378 YOUNG ADULTS, 78% OF WHOM HAD AN ACE SCORE OF FOUR (4) OR MORE, WERE SAFELY HOUSED, 99% OF THOSE HOUSED REMAIN HOUSED, 94% ARE WORKING AND 27% ARE ALSO IN SCHOOL.

DURING 2019, SUPPORT, ASSISTANCE, RESOURCE GUIDES AND REFERRALS WERE PROVIDED TO 347 HOMELESS YOUTH AND YOUNG ADULTS THROUGH FACE TO FACE MEETINGS AND TELEPHONE FOLLOW UP SUPPORT. OF THESE 347 YOUTH AND YOUNG ADULTS, 100% BECAME AND REMAIN HOUSED. 97% ARE WORKING AND 21% ARE ALSO IN SCHOOL. AN ADDITIONAL 1,171 YOUTH WHO CONTACTED THE PROGRAM VIA, EMAIL, FACEBOOK OR TELEPHONE SEEKING HOUSING AND ASSISTANCE 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 FACEBOOK MESSAGES WERE MADE TO OFFER ADDITIONAL SERVICES AND PROVIDE ON-GOING SUPPORT.

Name of the organization CHRIS 180, INC.	Employer identification number 58-1430183
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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		369,198.	105,911.
TOTALS		<u>369,198.</u>	<u>105,911.</u>

ATTACHMENT 6

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 DRIVE MCDONOUGH, GA 30252	NURSING SERVICES	151,500.
SERVICES OF AMERICA, INC HAKIBA WELLNESS P.O. BOX 361887 DECATUR, GA 30036	PSYCHIATRY SERVICES	140,100.
PSYCHIATRY CLINIC PEACHTREE FAMILY 478 WOODLAWN DRIVE NE MARIETTA, GA 30067	PSYCHIATRY SERVICES	106,250.

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	189,842.
TOTALS	<u>189,842.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRIS 180, INC.

Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHRIS PROPERTIES, LLC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316 45-5219835	PROG. OFFICE	GA	97,176.	2,975,224.	N/A
(2) CHRIS 180 OPERATIONS, LLC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316 46-0567666	SUPP. SVC.	GA	681,338.	16,239,450.	N/A
(3) CHRIS PROPERTIES GRAHAM CIRCLE, LLC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316 46-0909115	SUPP. HOUSING	GA	-37,595.	5,237,632.	N/A
(4) CHRIS HOMES PROPERTIES, LLC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316 46-0916288	HOMES	GA	50,018.	742,216.	N/A
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHRIS 180 SUPPORT ORGANIZATION, INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316 82-4568175	SUPPORT	GA	501(C)(3)	12A	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHRIS 180 SUPPORT ORGANIZATION, INC	J	105,333.	FMV
(2) CHRIS 180 SUPPORT ORGANIZATION, INC	B	151,791.	FMV
(3)			
(4)			
(5)			
(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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20_____.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)() 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

CHRIS 180, INC.

58-1430183

Number, street, and room or suite no. If a P.O. box, see instructions.

1030 FAYETTEVILLE ROAD

E Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

ATLANTA, GA 30316

C Book value of all assets at end of year

F Group exemption number (See instructions.)

25,190,373.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No

J The books are in care of SHEILA KATZ COHEN Telephone number 404-486-9034

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Description, (A) Income, (B) Expenses. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule), Taxes and licenses, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018, Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include 32 Total of unrelated business taxable income, 33 Amounts paid for disallowed fringes, 34 Charitable contributions, 35 Total unrelated business taxable income before pre-2018 NOLs, 36 Deduction for net operating loss, 37 Total of unrelated business taxable income before specific deduction, 38 Specific deduction, 39 Unrelated business taxable income.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include 40 Organizations Taxable as Corporations, 41 Trusts Taxable at Trust Rates, 42 Proxy tax, 43 Alternative minimum tax, 44 Tax on Noncompliant Facility Income, 45 Total.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include 46a Foreign tax credit, 46b Other credits, 46c General business credit, 46d Credit for prior year minimum tax, 46e Total credits, 47 Subtract line 46e from line 45, 48 Other taxes, 49 Total tax, 50 2019 net 965 tax liability paid, 51a Payments: A 2018 overpayment credited to 2019, 51b 2019 estimated tax payments, 51c Tax deposited with Form 8868, 51d Foreign organizations, 51e Backup withholding, 51f Credit for small employer health insurance premiums, 51g Other credits, adjustments, and payments, 52 Total payments, 53 Estimated tax penalty, 54 Tax due, 55 Overpayment, 56 Enter the amount of line 55 you want.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 59 Enter the amount of tax-exempt interest received or accrued during the tax year.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section. Includes fields for Sign Here (KATHERINE COLBENSON), Preparer's name (SABRE J LINAHAN), Firm's name (SMITH & HOWARD, P.C.), and Firm's address (271 17TH STREET, NW SUITE 1600, ATLANTA, GA 30363).

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 5 main rows for Schedule A. Row 1: Inventory at beginning of year. Row 2: Purchases. Row 3: Cost of labor. Row 4a: Additional section 263A costs (attach schedule). Row 4b: Other costs (attach schedule). Row 5: Total. Add lines 1 through 4b. Row 6: Inventory at end of year. Row 7: Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. Row 8: Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes/No columns.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for description of property (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%), (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income), and 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule). Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt on or allocable to debt-financed property, 5. Average adjusted basis of or allocable to debt-financed property, 6. Column 4 divided by column 5, 7. Gross income reportable (column 2 x column 6), 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)). Rows (1) through (4) and a Totals row.

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 1		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ATTACHMENT 1SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
SUSAN O'FARRELL 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	CHAIR	0	0.
JULIA HOUSTON 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	VICE CHAIR	0	0.
DEBBIE SESSIONS 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TREASURER	0	0.
CYRIL TURNER 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	SECRETARY	0	0.
GABE BANKS 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
JAY BERNATH 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
I'SYS CAFFEY 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
RON CARMICHAEL 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
EMILY CHAMBERS 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
LENORE WILSON CUSICK 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.

ATTACHMENT 1 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
TODD ELLIS 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
APRIL ESTES 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
PAMELA GOODE 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
MONA B. HARTY 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
KEVIN HEATH 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
SUSAN JOHNSON 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
ROBERT KEATLEY 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
ROB KIGHT 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
PAULA LARSON 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
VALARIE MACKEY 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.

ATTACHMENT 1 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
TODD MARKLE 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
TERRIN MCKAY 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
ARAYA MESFIN 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
J. SCOTT MOSTELLER 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
TERRY RUSSELL 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
BECCA SHERRILL 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
MARIA SMITH 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
STEVE TEDDER 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
REBECCA WOODS 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	TRUSTEE	0	0.
KATHY COLBENSON 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	PRESIDENT & CEO	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
CINDY SIMPSON 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	COO	0	0.
FREDERICK MARK PHILIPS 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	CFO	0	0.
KEVIN CLIFT 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	CHIEF DEVELOPMENT OFFICER	0	0.
TOTAL COMPENSATION			<u>0.</u>

CHRIS 180, INC.
INSTRUCTIONS FOR FILING
FORM 600-T
GEORGIA EXEMPT ORGANIZATION UNRELATED BUSINESS INCOME TAX RETURN
FOR THE YEAR ENDED DECEMBER 31, 2019

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON
PAGE 1 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY JULY 15, 2020 WITH:

GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER
P.O. BOX 740397
ATLANTA, GEORGIA 30374-0397

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

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY SERVICE.



Page 1

<input type="checkbox"/> Amended		<input type="checkbox"/> Amended due to IRS Audit		<input type="checkbox"/> Address Change		<input type="checkbox"/> UET Annualization Exception attached		
For the taxable year beginning		01/01		, 20		19		
and ending		12/31		, 20		19		
Name of Organization				Name of Fiduciary		Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)		
CHRIS 180, INC.								
Number and Street				Number and Street		58-1430183		
1030 FAYETTEVILLE ROAD								
City or Town				City or Town		NAICS Code	Date of current exemption letter.	IRS code section for which you are exempt.
ATLANTA								
State		Zip Code		State		Zip Code		
GA		30316						
GEORGIA UNRELATED BUSINESS TAXABLE INCOME						SCHEDULE 1		
1. Unrelated business taxable income from Federal Form 990-T (attach copy)						1.		
2. Additions						2.		
3. Total (add Line 1 and Line 2)						3.		
4. Subtractions.						4.		
5. Adjusted unrelated business taxable income (Line 3 less Line 4).						5.		
6. Income allocated everywhere						6.		
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6).						7.		
8. Apportionment ratio (Attach Computation Schedule).						8.		
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8).						9.		
10. Income allocated to Georgia (Attach Schedule)						10.		
11. Total of Lines 9 and 10						11.		
12. Georgia net operating loss deduction (Attach Schedule) (See instructions for 80% limitation).						12.		
13. Georgia unrelated business taxable income (Line 11 less Line 12).						13.		



2001621423

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX	SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.
3. Less: Payments.	3.
4. Withholding Credits (G2-A, G2-LP and/or G2-RP).	4.
5. Schedule 3B Refundable tax credits	5.
6. Balance of tax due OR overpayment	6.
7. Interest due (See Instructions).	7.
8. Underestimated tax penalty	8.
9. Other penalties due (See Instructions)	9.
10. Balance of tax, interest and penalties due with return.	10.
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on 20 <u>20</u>	
Estimated Tax ▶ _____ Refunded ▶ _____	

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION:
 I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

KATHERINE COLBENSON
 Signature of Officer

Sabrina Imahan
SMITH & HOWARD, P.C.
 Signature of Individual or Firm Preparing Return

PRESIDENT AND CEO
 Title _____ Date _____

P01372980
 Employee ID or Social Security Number



2001621433

Name CHRIS 180, INC.

FEIN 58-1430183

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this tax payer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

SCHEDULE 3B



2001621443

Name CHRIS 180, INC.

FEIN 58-1430183

REFUNDABLE TAX CREDITS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3B

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and to determine when carryovers expire.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired or by any credits that were sold.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 3 if the Timber Tax Credit was purchased.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20_____.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)() 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

CHRIS 180, INC.

58-1430183

Number, street, and room or suite no. If a P.O. box, see instructions.

1030 FAYETTEVILLE ROAD

E Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

ATLANTA, GA 30316

C Book value of all assets at end of year

F Group exemption number (See instructions.)

25,190,373.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No

J The books are in care of SHEILA KATZ COHEN Telephone number 404-486-9034

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule), Taxes and licenses, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018, Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature Here: KATHERINE COLBENSON, Date: 07/15/2020, Title: PRESIDENT AND CEO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name: SABRE J LINAHAN, Preparer's signature, Date, 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

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 5 main rows and 2 sub-rows for line 8. Columns include line numbers, descriptions, and Yes/No checkboxes.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property description.

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))