Chris 180, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2019

TAX RETURNS

# SMITH & HOWARD

## 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.

#### Form 8879-EO

## IRS e-file Signature Authorization

OMB	No	1545-1878
OIVID	INO.	1545-1676

for an Exempt Organization , 2019, and ending For calendar year 2019, or fiscal year beginning \_ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number CHRIS 180, 58-1430183 INC. 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. Form 990 check here ▶ **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12)..... 1b b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . 2b 2a Form 990-EZ check here **b** Total tax (Form 1120-POL, line 22) . . . . . . . . . . . . . . . 3b Form 1120-POL check here Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 8868 check here ▶ 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 lauthorize SMITH & HOWARD, P.C. to enter my PIN as my signature FRO 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  $\triangleright 07/15/2020$ 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. 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

> **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)

94397

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

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Inspection

A F	or th	e 201	9 calendar year, or tax year beginning , 2019,	and ending			, 20	
<b>B</b> 0			C Name of organization		D Employer id	entificat	tion number	
	neck if ap		CHRIS 180, INC.					
	Addre chang		Doing Business As		58-1430	)183		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	umber		
	Initial	return	1030 FAYETTEVILLE ROAD		(404) 48	6 – 90	34	
	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code					
	Amen return		ATLANTA, GA 30316		<b>G</b> Gross receip	ts \$	23,77	0,887.
	Applic pendi	ation	F Name and address of principal officer: KATHERINE COLBENSON		H(a) Is this a gro subordinates		for Yes	s X No
	- '	5	1030 FAYETTEVILLE ROAD, ATLANTA, GA 30316		H(b) Are all subord		uded? Yes	s No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) d	or 527	If "No," atta	ch a list. (	see instructions)	
J	Websi	te: 🕨	WWW.CHRIS180.ORG		H(c) Group exem	ption num	nber <b>&gt;</b>	
K	Form o	of organ	ization: X Corporation Trust Association Other	L Year of for	mation: 1981 <b>M</b>	State of	f legal domicil	e: GA
Pa	art I	Sui	mmary	•	•			
	1	Briefly	describe the organization's mission or most significant activities: TO HEA	L CHILDRE	N, STRENGTH	EN F.	AMILIES	,
æ			BUILD COMMUNITY. CHRIS IS AN ACRONYM FOR OUR					
auc		HON	OR, RESPECT, INTEGRITY AND SAFETY.					
/err	2	Check	this box F if the organization discontinued its operations or dispose	d of more than 2	25% of its net asset	 S.		
Governance			er of voting members of the governing body (Part VI, line 1a)			3		25.
			er of independent voting members of the governing body (Part VI, line 1b)			4		24.
ties	5	Total	number of individuals employed in calendar year 2019 (Part V, line 2a)			5		469.
Activities &			number of volunteers (estimate if necessary)			6		203.
Ac			unrelated business revenue from Part VIII, column (C), line 12			7a		0
			nrelated business taxable income from Form 990-T, line 34			7b		0
					Prior Year		Current	Year
_	8	Contri	ibutions and grants (Part VIII, line 1h)		5,523,60	14.	6,90	08,934
nue	9	Progra	am service revenue (Part VIII line 2g)	Y FOR	15,706,29		16,61	1,920
Revenue			ment income (Part VIII, column (A), lines 3, 4, and 7d)	ISPECTION	128,63			50,335
ž			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98,99			15,005
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,457,53	6.		6,184
			s and similar amounts paid (Part IX, column (A), lines 1-3)			0.		51,791
			its paid to or for members (Part IX, column (A), line 4)			0.		
			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,370,10	1.	15.85	8,942
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0.		0
ber	h	Total	fundraising expenses (Part IX, column (D), line 25) ► 798,960					
Ä			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,353,91	6.	6.56	54,509
			expenses (Fart IX, Column (A), lines 11a-11d, 111-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,724,01			75,242
			nue less expenses. Subtract line 18 from line 12		2,733,51			0,942
-Se		IVEVE	tue less expenses. Subtract line to from line 12	B	eginning of Current		End of Y	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)	-	24,050,88			0,373
Ass Bal	21		assets (Part X, line 16)		7,272,37			27,587
und/	22		ssets or fund balances. Subtract line 21 from line 20		16,778,51			52,786
	rt II		gnature Block		207770702			
			of perjury, I declare that I have examined this return, including accompanying schedu	les and statemen	ts and to the hest o	f my kn	owledge and	helief it is
true	, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer has a	ny knowledge.			
					07/1	5/20:	20	
Sig	n		Signature of officer		Date	5/20.	20	
Hei		(	KATHERINE COLBENSON PRESID	ENT AND C	'F∩			
			Type or print name and title	ENI AND C	.EO			
			Type or print name and title  Type preparer's name  Preparer's signature	Date		ir PT	IN .	
Paid	I		RE J LINAHAN	<b>√</b> J"	Check self-employ	J "	0137298	0
Prep	oarer		CMITTIL C HOURD C					
Use	Only		s name SMITH & HOWARD, P.C.		Firm's EIN		250486	
N/a:	the !!		saddress > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	404-	874-624	
			cuss this return with the preparer shown above? (see instructions)			<del></del>	X Yes	No No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.				Form 99	<b>90</b> (2019)

Page 2 Form 990 (2019)

Pa	art III		Service Accomplishments tains a response or note to any line in th	is Part III	Х
1		describe the organization's			
	prior Fo		ny significant program services during to the services during to the services during to the services during to the services during the services du		Yes X No
3	Did the services	e organization cease con	ducting, or make significant changes		Yes X No
4	Describe expense	es. Section 501(c)(3) and	ram service accomplishments for eac	h of its three largest program services, as to report the amount of grants and allocat	
4a	(Code: ATTA	) (Expenses \$	8,082,745. including grants of \$	151,791. ) (Revenue \$7,486	594)
4b	(Code:	) (Expenses \$	3,852,411. including grants of \$	) (Revenue \$ 3,804)	166.
	-	CHMENT 3			
4c	-		6,974,867. including grants of \$	) (Revenue \$ 5,215,	249. )
	ATTA	CHMENT 4			
				_	
4d	-	rogram services (Describe			
4-	(Expens	ses\$ 369,198. inclu		evenue \$ 105,911. )	

**4e** Total program service expenses ►

JSA
9E1020 2.000
9179PW 9242 7/14/2020

Form 990 (2019) Page 3

	Checklist of Required Schedules		Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		1	Х	
	complete Schedule A	2	X	
			21	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
				Х
	omplete Schedule D, Part III	8		Δ
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	ustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
de	ebt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
o	r in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
٧	/II, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	omplete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
	· · · · · · · · · · · · · · · · · · ·	116		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		21
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			77
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
r	eported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
Di	d the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
ļ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
				X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			١
	oreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
а	ssistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	id the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
		10	21	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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2.000			PA	

Part IV Checklist of Required Schedules (continued) Page 4

rai	Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		21
28				
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32		32		Х
33	complete Schedule N, Part II	32		21
33		22	Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	- 1	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part V line 1	34	Х	
25.0	or IV, and Part V, line 1	35a	21	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	235		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		, - <del>-</del>		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Page 5 Form 990 (2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 469			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from members or shareholders			
b	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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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

Sect	ion A. Governing Body and Management				
0000	1011 A. OUTCHINING BOOK WING MICHAESEMENT			Yes	No
4.	Enter the number of voting members of the governing body at the end of the tay year	25			
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.	24			
b	Enter the number of voting members included on line 1a, above, who are independent 1.1.1.				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		2		Х
	any other officer, director, trustee, or key employee?	I			
3	Did the organization delegate control over management duties customarily performed by or under the d		3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		6		X
6 7-	Did the organization have members or stockholders?	I			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appears may be a second of the governing had 2	-	7a		X
<b>L</b>	one or more members of the governing body?		- "		
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem		7b		X
	stockholders, or persons other than the governing body?				
8	Did the organization contemporaneously document the meetings held or written actions undertaken do	uring			
_	the year by the following:		8a	Х	
a	The governing body?		8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	I			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rev		_	.)	
		0		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chap				
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	I	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	[	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could				
	rise to conflicts?	_	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
•	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approve				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decise				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard				
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion 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	1 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of	inter	est p	olicy,
	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 SHEILA KATZ COHEN 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316 404-486-9034	records	<b>&gt;</b>		

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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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.

1	Check this box if neithe	r the organization no	r anv relate	d organization	compensated	any current offi	icer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	not ch unles	Pos neck s pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) KATHY COLBENSON	40.00									
PRESIDENT & CEO	.10	Х		Х				287,781.	0.	32,468.
(2)CINDY SIMPSON	40.00									
C00	0.			Х				192,375.	0.	31,429.
(3) FREDERICK MARK PHILIPS	40.00									
CFO	6.00			Х				165,058.	0.	13,500.
(4)KEVIN CLIFT	40.00									
CHIEF DEVELOPMENT OFFICER	0.					Х		129,210.	0.	6,033
(5) SUSAN O'FARRELL	1.00									
CHAIR	0.	Х						0.	0.	0 .
(6) JULIA HOUSTON	1.00									
VICE CHAIR	0.	Х						0.	0.	0
(7) DEBBIE SESSIONS	1.00									
TREASURER	0.	Х						0.	0.	0
(8) CYRIL TURNER	1.00									
SECRETARY	0.	Х						0.	0.	0
(9) GABE BANKS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(10) JAY BERNATH	1.00									
TRUSTEE	0.	Х						0.	0.	0
(11) I'SYS CAFFEY	1.00									
TRUSTEE	0.	Х						0.	0.	0
(12) RON CARMICHAEL	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13) EMILY CHAMBERS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14) LENORE WILSON CUSICK	1.00									
TRUSTEE	0.	X						0.	0.	0

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Form 990 (2019)

Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatio d related anization	b
15) TODD ELLIS	1.00											
TRUSTEE	0.	Х						0	0.			(
16) APRIL ESTES	1.00											,
TRUSTEE	0.	X						0	0.			(
17) PAMELA GOODE	1.00								0			,
TRUSTEE 18) MONA B. HARTY	1.00	X						0	0.			(
TRUSTEE	$-\frac{1.00}{0.}$	X						0	0.			
19) KEVIN HEATH	1.00	Λ						0	0.			
TRUSTEE	0.	X						0	0.			
20) SUSAN JOHNSON	1.00	21										
TRUSTEE	0.	X						0	0.			
21) ROBERT KEATLEY	1.00	21										
TRUSTEE	0.	X						0	0.			
22) ROB KIGHT	1.00											
TRUSTEE	0.	Х						0	0.			
23) PAULA LARSON	1.00											
TRUSTEE	0.	Х						0	0.			
24) VALARIE MACKEY	1.00											
TRUSTEE	0.	Х						0	0.			
25) TODD MARKLE	1.00											
TRUSTEE	.10	Х						0	0.			
1b Sub-total							<b></b>	774,424.	0.		83,4	130
c Total from continuation sheets to Part VII,	Section A						•	0.	0.			0
d Total (add lines 1b and 1c)							<b>&gt;</b>	774,424.	0.		83,4	130
2 Total number of individuals (including but no	ot limited to t		liste	d a	bove	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organizat	ion <b>&gt;</b>	4	4									
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		X
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	50,0	00?	. If	"Yes	s,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive of for services rendered to the organization? <i>If</i>										5		X
Section B. Independent Contractors										•		
1 Complete this table for your five highest co	mnensated i	ndene	nde	nt e	con	tracto	rs t	hat received more	than \$100 000 c	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	<b>(C)</b> 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 ▶

CHRIS 180, INC. 58-1430183

Part VII Section A. Officers, Directors	, Trustees, Ke	y En	plo	yee	es,	and I	lig	hest Compensat	ed Employees (d	continued)
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box,	unles	ss pe	ition more rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) TERRIN MCKAY	1.00								_	_
TRUSTEE	0.	X						0	0.	(
27) ARAYA MESFIN TRUSTEE	1.00	Х						0	0.	(
28) J. SCOTT MOSTELLER	1.00	Λ						0	. 0.	
TRUSTEE		Х						0	0.	C
29) TERRY RUSSELL	1.00									
TRUSTEE	0.	Х						0	0.	(
30) BECCA SHERRILL	1.00									
TRUSTEE	0.	Х						0	0.	(
31) MARIA SMITH	1.00									
TRUSTEE	0.	X						0	0.	(
32) STEVE TEDDER	1.00									
TRUSTEE	0.	Х						0	0.	(
33) REBECCA WOODS	1.00									
TRUSTEE	0.	X						0	0.	(
1b Sub-total c Total from continuation sheets to Part \	/II, Section A				 		<b>&gt;</b>	0.	0.	0 .
d Total (add lines 1b and 1c)	not limited to the	nose					o re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete So										3 X
4 For any individual listed on line 1a, is organization and related organizations individual	greater than	\$15	0,0	00?	lf	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization?	e or accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compensation from the organization. Rep year.</li> </ol>										

(A) Name and business address	(B) Description of services	<b>(C)</b> 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  $\blacktriangleright$ 

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#### Part VIII Statement of Revenue

Pal	rt VIII	Check if Schedule O contains a respon	se or note to an	v line in this Part \	/III		
		Gricox ii Geriedale o contains a respon	isc of flote to aff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c	620,684.				
ifts ar A	d	Related organizations 1d					
Ω∺	е	Government grants (contributions) 1e	2,286,459.				
Sir	f	All other contributions, gifts, grants,					
uti e		and similar amounts not included above . 1f	4,001,791.				
들	g	Noncash contributions included in					
on to		lines 1a-1f 1g	347,259.				
<u>م</u> ۾	h	Total. Add lines 1a-1f		6,908,934.			
			Business Code				
<u>:</u>	2a	GRANTS AND CONTRACTS INCOME	900099	16,054,485.	16,054,485.		
e <	b	RENTAL INCOME	531110	435,475.	435,475.		
Program Service Revenue	С	TRAINING PROGRAM REVENUE	900099	59,894.	59,894.		
ran	d	OTHER PROGRAM FEES	900099	62,066.	62,066.		
og R	е						
<u>~</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	16,611,920.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	160,335.			160,335.
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
evenue	b	Less: cost or other basis					
Λe		and sales expenses 7b					
	C	, ,		0.			
Other R	d	Net gain or (loss)		0.			
₹	8a	Gross income from fundraising					
		events (not including \$620,684.					
		of contributions reported on line	89,698.				
	١.	10). 6661 4111, 1116 16 1 1 1 1 1 1 1	404,703.				
	b	Less: direct expenses		-315,005.			-315,005.
				313,003.			31370031
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	h	Less: direct expenses 9b	0.				
	b	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	100	returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory		0.			
s			Business Code				
Miscellaneous Revenue	11a						
ane	b						
e e e	C						
is R	d	All other revenue					
2	е	Total. Add lines 11a-11d	<b>.</b>	0.			
	12	Total revenue. See instructions		23,366,184.	16,611,920.		-154,670.
JSA		DI IRI			ADV		Form <b>QQ(</b> (2010)

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#### 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						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising	
	,		expenses	general expenses	expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	151,791.	151,791.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.				
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16	0.				
4	Benefits paid to or for members	0.				
5	Compensation of current officers, directors,					
	trustees, and key employees	722,611.	625,890.	70,382.	26,339.	
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	0.				
7	Other salaries and wages	12,176,846.	10,397,270.	1,328,285.	451,291.	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	41,509.	35,443.	4,528.	1,538.	
9	Other employee benefits	1,915,346.	1,635,430.	208,931.	70,985.	
10	Payroll taxes	1,002,630.	856,101.	109,370.	37,159.	
11	Fees for services (nonemployees):					
а	Management	90,019.	90,019.			
b	Legal	0.				
c	Accounting	73,397.		73,397.		
c	Lobbying	19,500.	19,500.			
e	Professional fundraising services. See Part IV, line 17.	0.				
1	f Investment management fees	0.				
Q	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.)	1,043,724.	776,953.	205,055.	61,716.	
12	Advertising and promotion	90,321.	33,923.	38,935.	17,463.	
13	Office expenses	225,680.	95,262.	62,066.	68,352.	
14	Information technology	0.				
15	Royalties	0.				
16	Occupancy	1,034,611.	879,942.	139,413.	15,256.	
17	Travel	393,607.	378,098.	12,194.	3,315.	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	0.				
19	Conferences, conventions, and meetings	0.				
20	Interest	51,830.	35,379.	16,451.		
21	Payments to affiliates	0.				
22	Depreciation, depletion, and amortization	485,222.	485,222.			
23	Insurance	148,975.	135,336.	12,265.	1,374.	
24	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
-	DIRECT CARE	1,867,040.	1,799,359.	66,529.	1,152.	
-	PROFESSIONAL MEDICAL FEES	491,616.	491,616.			
_	EQUIPMENT LEASES AND REPAIRS	204,166.	161,865.	39,741.	2,560.	
c	TRAINING	184,023.	165,121.	13,970.	4,932.	
e	All other expenses	160,778.	29,701.	95,549.	35,528.	
_	Total functional expenses. Add lines 1 through 24e	22,575,242.	19,279,221.	2,497,061.	798,960.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.				
_						

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	3,181,949.	2	3,716,572.
	3	Pledges and grants receivable, net	3,371,107.	3	3,842,168.
	4	Accounts receivable, net	15,336.	4	34,225.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
S	7	Notes and loans receivable, net	8,563,750.	7	8,563,750.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges ATCH . 7	89,479.	9	189,842.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,529,857.			
	b	Less: accumulated depreciation	8,629,216.	10c	8,620,572.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	13	0.	
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	200,050.	15	223,244.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	24,050,887.	16	25,190,373.
	17	Accounts payable and accrued expenses	1,126,275.	17	1,595,943.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	172,937.	19	242,155.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ιġ		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	5,973,164.	23	5,789,489.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	7,272,376.		7,627,587.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	13,268,633.	27	14,172,094.
Ва	28	Net assets with donor restrictions.	3,509,878.	28	3,390,692.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶	, , ,		, ,
ō	20	and complete lines 29 through 33.		00	
Assets or	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Ä	31	Retained earnings, endowment, accumulated income, or other funds	16,778,511.	31	17 560 706
Net	32	Total liabilities and not coasts/fund belances		32	17,562,786.
_	33	Total liabilities and het assets/fund balances	24,030,00/.	33	
_	33	Total liabilities and net assets/fund balances	24,050,887.	33	25,190,373. Form <b>990</b> (2019)

Form **990** (2019)

58-1430183

CHRIS 180, INC.

Form 99	90 (2019)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2		22,5		
3	Revenue less expenses. Subtract line 2 from line 1	3				942.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		16,7	78,5	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			-6,6	567.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		17,5	62,	786.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	lor			
	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		_	3,7	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the		3,7	
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-			X	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	^	

Form **990** (2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

CHF	RIS	180, INC.					58-14301	83
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university or a non-land-	grant college of ac	riculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11	_	An organization organized	•	•	-		, ,, ,	
12		An organization organized	•	•			·	
		of one or more publicly su						
		Check the box in lines 12a t	•	• •	• •		•	· · · · · ·
а	L	Type I. A supporting orga	•	•	-		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					
b		☐ <b>Type II.</b> A supporting org	•					
		control or management of	· · · -	=	the sam	e persor	is that control or man	age the supported
		organization(s). <b>You must</b>	•					
С								ly integrated with,
_		its supported organization		•				
d	L	☐ Type III non-functionally						
		that is not functionally inte	-		-		· · · · · · · · · · · · · · · · · · ·	an attentiveness
		requirement (see instruct	•	=				L <b>T</b>
е		_ Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	ı, туре ііі
	En	functionally integrated, or ter the number of supported			porting t	organizai	ion.	
g		ovide the following information	-	orted organization(s)				• • • • • • • • • • • • • • • • • • • •
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	arrie or supported organization	(11) [11]	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
. <b>-</b> )								
Tota	al							

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
<u></u>	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,917,383.	6,274,509.	7,951,315.	5,523,604.	6,908,934.	28,575,745.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,917,383.	6,274,509.	7,951,315.	5,523,604.	6,908,934.	28,575,745.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						7,997,604.
6	Public support. Subtract line 5 from line 4						20,578,141.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	1,917,383.	6,274,509.	7,951,315.	5,523,604.	6,908,934.	28,575,745.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	740.	2,159.	17,335.	128,636.	160,335.	309,205.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	375,019.					375,019.
11	Total support. Add lines 7 through 10						29,259,969.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	66,721,720.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup		_				70.22
14	Public support percentage for 2019 (li		-			14	70.33 <b>%</b> 60.48 <b>%</b>
15	Public support percentage from 2018					15	
16a	331/3% support test - 2019. If the org						
	box and <b>stop here.</b> The organization quality to the contract of the contract						
b	331/3% support test - 2018. If the org						
47-	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization Part VI how the organization meets t					•	•
				•	•		
h	organization						
D		-					
	15 is 10% or more, and if the organization Explain in Part VI how the organization						
	supported organization						
18	Private foundation. If the organization						
10	g .						
	instructions						

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Schedule A (Form 990 or 990-EZ) 2019 Page 3

#### 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.)

				· · ·			
	tion A. Public Support				I		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons		+				
D	received from other than disqualified						1
	persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6		. ,				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						1
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2019 (lin	ie 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2018. If the orga		-				
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **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? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- **c** Did a 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? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
n's governing designated by			
	1		
tion of status the supported			
	2		
"Yes," answer	3a		
(5), or (6) and and how the			
	3b		
n 170(c)(2)(B)	3c		
ganization")? <i>If</i>	4a		
to the foreign and discretion			
	4b		
determination anization used in 170(c)(2)(B)			
- ( - )( )( )	4c		
year? If "Yes," ames and EIN h such action; now the action			
iow the detion	5a		
class already	5b		
	5c		
or facilities) to			
so support or <i>Part VI.</i>	6		
ial contributor ntrolled entity			
<i>.</i> <i>EZ</i> ).	7		
ibed in line 7?	8		
one or more			
ions described	9a		
entity in which	9b		
ersonal benefit	9c		
ise of section			
ally integrated	10a		
orm 4720, to	TUA		
Jiii 4120, 10	10b		
Schedule A (Form		990-E2	Z) 2019

58-1430183

Page **5** Schedule A (Form 990 or 990-EZ) 2019

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? <i>If</i> "Yes," explain in <i>Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
•	Ashirities Test Assuranted and the balance		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-F7) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	 S	. ago 🗨
Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organic	g trust o	n Nov. 20, 1970 (expla	•
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)
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>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
7 Check here if the current year is the organization's first as a non-functional		ated Type III supporting	n organization (see
instructions).	iy iiilegid	atou Type iii supportiiit	3 01941112411011 (300

Schedule A (Form 990 or 990-EZ) 2019

Page 7 Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
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 resp	onsive	
	(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			
	·		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	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			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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 <b>Part VI.</b> 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:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

2019

**Employer identification number** 

CHRIS 180, INC. 58-1430183 Organization type (check one): Filers of: Section: X 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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CHRIS 180, INC.

Employer identification number 58-1430183

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for

Name of organization CHRIS 180, INC.

**Employer identification number** 58-1430183

art 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

	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additions.	he year from any one cor ons completing Part III, ente year. (Enter this information	<b>ntributor.</b> Cer the total o	omplete columns <b>(a)</b> through <b>(e) and</b> f <i>exclusively</i> religious, charitable, etc.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
raiti							
_		(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Relation	ship 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	d ZIP + 4	Relation	ship 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	d ZIP + 4	Relation	ship 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	d ZIP + 4	Relationship of transferor to transferee				
	[ <del></del>						

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

• 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.

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 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 50	1(c)(3) organizations	that have filed Form 5768 (election L	inder section 501(h)): Co	omplete Part II-A. Do not com	nplete Part II-B.
•	Section 50	1(c)(3) organizations	that have NOT filed Form 5768 (elec	tion under section 501(h	)): Complete Part II-B. Do no	ot complete Part II-A.
lf th Tax)	e organizati (see separa	ion answered "Yes," ate instructions), then	on Form 990, Part IV, line 5 (Prox	y Tax) (see separate i	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
			anizations: Complete Part III.			
	ne of organiz				Employer ide	ntification number
	RIS 180,				58-143	
Pa	rt I-A	Complete if the o	organization is exempt under	r section 501(c) or	is a section 527 orga	nization.
1	Provide a	a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	nstructions for
	definition	of "political campa	ign activities")			
2			xpenditures (see instructions)			
		r hours for political	campaign activities (see instruction	ons)		
Pa			organization is exempt under			
1			ise tax incurred by the organizati			
2			ise tax incurred by organization r			
3			a section 4955 tax, did it file Form			
						Yes No
		describe in Part IV.				<u>,                                      </u>
Pa		•	rganization is exempt under	. , ,		<u>6).</u>
1		•	xpended by the filing organizatio		•	
2			g organization's funds contribute es			
3			enditures. Add lines 1 and 2. Er			
4 5	Did the fill Enter the organizat	ling organization file names, addresses ion made payment unt of political cont	e Form 1120-POL for this year? and employer identification nums. For each organization listed, eributions received that were product or a political action committee	ber (EIN) of all secti nter the amount pai mptly and directly de	on 527 political organized from the filing organized ivered to a separate po	ations to which the filing cation's funds. Also enter olitical organization, such
	(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

Sci	nedule C (Form 990 or 990-EZ) 2019 CF	IKID	TOO, TINC	• •		30-1	430103 Page Z
Ρ	art II-A Complete if the organ section 501(h)).	nizatio	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	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).						
В	Check ▶ if the filing organizat	ion che	ecked box A	A and "limited contro	l" provisions app	oly.	
			ying Expend		· · · · · · · · · · · · · · · · · · ·	(a) Filing	(b) Affiliated
	(The term "expenditure	es" me	ans amour	nts paid or incurred.	)	organization's totals	group totals
1	a Total lobbying expenditures to infle	uence	public opini	on (grassroots lobb	ying)		
-	<b>b</b> Total lobbying expenditures to infl	uence	a legislative	e body (direct lobbyi	ng)		
	c Total lobbying expenditures (add l		-				
	d Other exempt purpose expenditure						
	e Total exempt purpose expenditure	-		•	F		
1	f Lobbying nontaxable amount. Er	nter th	e amount t	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a) o	r (b) is:	The lobbying	g nontaxable amount i	is:		
	Not over \$500,000			amount on line 1e.			
	Over \$500,000 but not over \$1,000,00			us 15% of the excess			
	Over \$1,000,000 but not over \$1,500	-		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000	0,000		us 5% of the excess o	ver \$1,500,000.		
_	Over \$17,000,000		\$1,000,000				
	g Grassroots nontaxable amount (e						
!	h Subtract line 1g from line 1a. If ze						
- 1	<ul><li>i Subtract line 1f from line 1c. If zer</li><li>j If there is an amount other than</li></ul>					tion file Form 4720	
	=				•		Yes No
_	reporting section 4911 tax for this			aging Period Unde		<del> </del>	res No
	(Some organizations that n					ete all of the five colum	ns helow
	(Some organizations that in			te instructions for I			ms below.
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	T
	Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2	a Lobbying nontaxable amount						
	<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
_ (	c Total lobbying expenditures						
_ (	<b>d</b> Grassroots nontaxable amount						
_	e Grassroots ceiling amount (150% of line 2d, column (e))						
1	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Page 3 Schedule C (Form 990 or 990-EZ) 2019

	cook "Voo" roopense on lines to through ti helew provide in Port IV a detailed	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amoun	t	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	X				19,5	00
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?		Х				
i	Total. Add lines 1c through 1i					19,5	00
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	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?						
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection			
	501(c)(6).						
				Г		es N	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				3		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section 501				3		
ı a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."				ine 3,	is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount		of				
_	political expenses for which the section 527(f) tax was paid).	ants '	01				
а	Current year			2a			
b	Carryover from last year.			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyir	ng				
_	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information	.1	12 - 4	) D 1 II	Λ Ι'	. 4 .	1
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d gro	ıp list	); Part II-	-A, line	s 1 a	nd
Z (St	e instructions), and Part II-b, line 1. Also, complete this part for any additional information.						
CEI	E PAGE 4						
ומט	I FAUL 1						

Page 4

Schedule C (Form 990 or 990-EZ) 2019

#### 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)

Department of the Treasury

## Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

CHR	IS 180, INC.	58-1430183
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
J	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	— —
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Da	rt II Conservation Easements.	
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		f a historically important land area
		f a certified historic structure
	Preservation of open space	i a certified flistoffe structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
_		
a		2a
b		2b
С.		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	9	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	lated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
_	Annual Communication with the control of the contro	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
•		- 470(L)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
•	and section 170(h)(4)(B)(ii)?	Yes □ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia organization's accounting for conservation easements.	ii statements that describes the
Da	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Jilliai Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,
	provide the following amounts relating to these items:	<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1	
•	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
-	following amounts required to be reported under FASB ASC 958 relating to these items:	<b>&gt;</b> 0
a h	Revenue included on Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·

	CHI	RIS 180, INC.					58-143	30183		
ched	ule D (Form 990) 2019								Р	age 2
Par	t III Organizations Maintain	ina Collections of	Art. Histo	rical Tre	asures. o	r Other Similar	Assets (c	continue		
	Using the organization's acquisiti									f its
	collection items (check all that app			,	,	3	3			
а	Public exhibition	, /.	d	Loan	or exchange	nrogram				
b	Scholarly research		e	Other	n oxonang.	o program				
	Preservation for future gene	rations	<b>с</b> _	Journe						
C			and avale	sin how t	hav furtha	r the ergonization	la avamni	t nurnoo	o in	Dort
	Provide a description of the orga	mization's collections	s and expid	alli ilow t	ney runner	i ille organization	is exemp	r purpos	e III	ган
	XIII.			£	!		l			
	During the year, did the organizati							¬ ,,		1
	assets to be sold to raise funds rat		ained as pa	rt of the c	organizatioi	n's collection?		Yes		No
Par	Complete if the organize 990, Part X, line 21.		es" on For	m 990, F	art IV, line	e 9, or reported a	an amour	nt on Fo	rm	
a	ls the organization an agent, trust	ee. custodian or oth	er intermed	iarv for c	ontributions	s or other assets no	ot			
	included on Form 990, Part X?			-				Yes		No
	If "Yes," explain the arrangement									, -
-			p. 0.10 t. 10 t. 0.1				Amount			
С	Beginning balance				1c		711104111			
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an an					untadial appaunt li	ability?	Yes		No
	_									INO
	If "Yes," explain the arrangement	in Part Alli. Check n	ere ii trie ez	kpianation	nas been p	provided on Part Ai	<u> </u>	<u> </u>	•	
Par		ation anawarad "V	oo" on Eor	∞ 000 F	ort IV/ line	. 10				
	Complete if the organiz							( ) =		
		(a) Current year	(b) Prio	r year	(c) Two yea	ars back (d) Three	years back	(e) Four	years I	раск ———
а	Beginning of year balance	4,516,746.								
b	Contributions	2,419,478.						<del>                                     </del>		
С	Net investment earnings, gains,									
	and losses							<b></b>		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	2,123,160.								
	Administrative expenses									
	End of year balance	4,813,064.								
_	Provide the estimated percentage	of the current year	end balance	e (line 1g,	column (a)	) held as:				
а	Board designated or quasi-endowr	ment ▶ 29.5500	)_%	, ,		•				
b	Permanent endowment ▶	%								
С	Term endowment ▶ 70.4500	_%								
	The percentages on lines 2a, 2b,	and 2c should equal	100%.							
Ba	Are there endowment funds not in	the possession of the	he organiza	tion that	are held ar	nd administered for	r the			
	organization by:	·	· ·					٦	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
	If "Yes" on line 3a(ii), are the relat							3b		
	Describe in Part XIII the intended	-	-							
	t VI Land, Buildings, and Eq	uipment.								
	Complete if the organiz	ation answered "Y	es" on For	m 990, F	Part IV, lin	e 11a. See Form	<u>1990, P</u> a	rt X, line	e 10.	
	Description of property		r other basis		or other basis	(c) Accumulated	(d	l) Book val	ue	
	Land	,	stment)		ther) 17,596.	depreciation		0.1	L7,5	96
	Land				69,919.	4,685,024.		6,08		
b	Buildings			10,7	UJ, JIJ.	1,000,024.	1		, , , 0	

Schedule D (Form 990) 2019

c Leasehold improvements

d Equipment......

1,381,181.

2,041,694.

419,467.

668,485

274,728.

1,281,048

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

712,696.

144,739.

760,646.

8,620,572.

Schedule D (Form 990) 2019 Page 3

Part VII	Investments - Other Securities.	!"Voo" on Form 000	Dart IV line 11h Coe Form 000 Dort V	/ line 10
	Complete if the organization answered			t, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X	 (, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	·
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
rartix	Complete if the organization answered	d "Yes" on Form 990	Part IV. line 11d. See Form 990. Part X	C. line 15.
		escription		Book value
(1)	(1) 2 3		(4)	
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	lino 15 )		
Part X	Other Liabilities. Complete if the organization answered line 25.			, Part X,
1.	(a) Descrip	otion of liability	(b)	Book value
	al income taxes	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on (h) must savial Ferrar 2000 Berly (1/D) (1/D) (1/D)			
i otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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CHRIS 180, INC.

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	, ago <u>i</u>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated Services and use of identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
c d	Recoveries of prior year grants	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b C	Other (Describe in Part XIII.)	4c	
_ 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b C	Prior year adjustments	1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Larvain.)	4c	
с 5	Add lines <b>4a</b> and <b>4b</b>	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn		
	PAGE 5	idiloii	•

Schedule D (Form 990) 2019 CHRIS 180, INC. 58-1430183 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.

Schedule D (Form 990) 2019

### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	ne organization					Employer Identification	on number
	180, INC.	1 ( '6 ()		1.11	V " F 0/	58-1430183	<b>-</b>
Part I	Fundraising Activities. Com				Yes" on Form 99	90, Part IV, line 1	1.
	Form 990-EZ filers are not re	<u> </u>					
1 <u>In</u>	dicate whether the organization ra	ised funds through		_		· · ·	
a	Mail solicitations	е			non-government g		
b _	Internet and email solicitations	f			government grants	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d _	In-person solicitations						
or <b>b</b> If	id the organization have a written of key employees listed in Form 990 "Yes," list the 10 highest paid ind ompensated at least \$5,000 by the	), Part VII) or entity ividuals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		()	
1							
2							
3							
4							
5							
6							
7							
8							
9							
9							
10							
Total				<b></b>			
	st all states in which the organiza gistration or licensing.	ation is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from

58-1430183

Page 2

			eater than \$5,000.  (a) Event #1 CHRISTAL BALL	(b) Event #2 PREMIERE PARTY	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	` col. <b>(c)</b> )
Revenue	1	Gross receipts	638,344.	39,068.	32,970.	710,382
ኟ	2	Less: Contributions	570,844.	19,820.	30,020.	620,684
	3	Gross income (line 1 minus line 2)	67,500.	19,248.	2,950.	89,698
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs		422.		422
Direct Expenses	7	Food and beverages	100,787.	9,637.	13,244.	123,668
Direc	8	Entertainment	14,086.	6,246.	3,303.	23,635
	9	Other direct expenses	212,043.	1,002.	43,933.	256,978
	10	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	mn (d)		404,703 -315,005
			anization answered "			
Pa		Gaming. Complete if the org	anization answered "			reported more than
Pa	rt I	Gaming. Complete if the org	anization answered " e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	rt	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	1 2	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "le 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Expenses Revenue a	1 2 3	Gaming. Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue  Cash prizes	anization answered " le 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	1 2 3 4	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue  Cash prizes  Noncash prizes	anization answered "ne 6a.  (a) Bingo	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or  (c) Other gaming	reported more than  (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	1 2 3 4 5	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	anization answered "e 6a.  (a) Bingo	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or  (c) Other gaming	reported more than  (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue 4	1 2 3 4 5	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	anization answered "lee 6a.  (a) Bingo  Yes%  No	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No	Part IV, line 19, or  (c) Other gaming  Yes%  No	reported more than  (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue 4	1 2 3 4 5 6 7	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	anization answered "lee 6a.  (a) Bingo  Yes %  No  es 2 through 5 in colu	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  mn (d)	Part IV, line 19, or  (c) Other gaming  Yes%  No	reported more than  (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue a	1 2 3 4 5 6 7 8	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add ling	anization answered "ne 6a.  (a) Bingo  Yes	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  mn (d)	Yes% No	(d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990 or 990-EZ) 2019
11 12	Does the organization conduct gaming activities with nonmembers?  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:
а	The organization's facility
b	An outside facility
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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
-	amount of gaming revenue retained by the third party > \$
С	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:
а	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
Dan	or spent in the organization's own exempt activities during the tax year > \$
Par	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 G (Form 990 or 990-EZ) 2019

### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2019

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization						Employer identification	on number
CHRIS 180, INC.						58-143018	3
Part I General Information on Grants a	nd Assistanc	е				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's processor</li> <li>Part II Grants and Other Assistance to</li> </ol>	nts or assistand edures for mor <b>Domestic Or</b>	ee? nitoring the use <b>ganizations a</b>	of grant funds in th	e United States.	nplete if the organiza	ation answered "Y	X Yes No
Part IV, line 21, for any recipient  1 (a) Name and address of organization or government	(b) EIN	more than \$5  (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	additional space is n  (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 FAYETTEVILE ROAD ATLANTA, GA 30316	82-4568175	501(C)(3)	151,791.		FMV		SUPPORT
(2)							
(3)							
(4)							
(6)							
(8)							
<u>(9)</u>							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations li</li> </ul>							1.

JSA

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

Schedule I (Form 990) (2019)

CHRIS 180, INC. 58-1430183

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 I (Form 990) (2019)

### **SCHEDULE J** (Form 990)

**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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization CHRIS 180, INC.

Inspection Employer identification number

58-1430183

Part	Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	_		3,7
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			Х
9	in Part III	8		
y	Regulations section 53.4958-6(c)?	9		
	10gailationo 500tion 50.3000-0(0): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ן פ		

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

Schedule J (Form 990) 2019

CHRIS 180, INC. 58-1430183

Schedule J (Form 990) 2019 Page 2

### 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	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
KATHY COLBENSON	(i)	287,781.	0.	0.	26,045.	6,423.	320,249.	0.	
1PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
CINDY SIMPSON	(i)	192,375.	0.	0.	18,000.	13,429.	223,804.	0.	
<b>2</b> COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
FREDERICK MARK PHILIPS	(i)	165,058.	0.	0.	13,500.	0.	178,558.	0.	
3CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
_ 4	(ii)								
	(i)								
_ 5	(ii)								
	(i)								
_ 6	(ii)								
	(i)								
_ 7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
_11	(ii)								
	(i)								
12	(ii)								
	(i)								
_13	(ii)								
	(i)								
14	(ii)								
	(i)								
_15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2019

CHRIS 180, INC. 58-1430183

Schedule J (Form 990) 2019 Page 3

### 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**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Inspection Employer identification number

CHR	IS 180, INC.				58-1430183			
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported of Form 990, Part VIII, lin	n wethod			
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		2.	3,6	10. 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.	343,64	49.			
26	Other ▶()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions	for			
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat				_			i
	28, that it must hold for at least the	•			•			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						i
31	Does the organization have a	gift accept	tance policy that require	es the review of a	ny nonstandard			
	contributions?						Х	
32a	Does the organization hire or use	-		•				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II	amount in c	olumn (c) for a type of pro	perty for which colum	nn (a) is checked,			

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

Schedule M (Form 990) 2019

CHRIS 180, INC. 58-1430183

Schedule M (Form 990) (2019) Page 2

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.

CHRIS 180, INC. 58-1430183

Schedule M (Form 990) (2019) Page **2** 

Part II Suppleme

**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

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
EVENT GOODS	X	76.	71,949.	FMV
MISCELLANEOUS GOODS	X	170.	271,700.	FMV
TOTALS	_ =	246.	343,649.	

### **SCHEDULE 0** (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 58-1430183

CHRIS 180, INC.

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. 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

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 Employer identification number CHRIS 180, INC. 58-1430183

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

ACCOUNTS PAYABLE FROM SUPPORTING ORGANIZATION CONSOLIDATED -\$6,667 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 **Employer identification number** CHRIS 180, INC. 58-1430183

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

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

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  ${\tt CHRIS}\ 180$  ,  ${\tt INC}$  .

Employer identification number 58-1430183

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  ${\tt CHRIS}\ 180$  ,  ${\tt INC}$  .

Employer identification number 58-1430183

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.

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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 Employer identification number CHRIS 180, INC. 58-1430183

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

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

Name of the organization

CHRIS 180, INC.

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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

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

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

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

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. 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

Name of the organization

Employer identification number CHRIS 180, INC. 58-1430183

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 Employer identification number CHRIS 180, INC. 58-1430183

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 Employer identification number 58-1430183 CHRIS 180, INC. ATTACHMENT 5

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

DESCRIPTION **GRANTS** EXPENSES REVENUE

THE CHRIS TRAINING INSTITUTE 369,198. 105,911.

> TOTALS 369,198. 105,911.

> > ATTACHMENT 6

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

NURSING SERVICES QUALITY NURSING SERVICES 151,500.

463 SILVERTON DRIVE MCDONOUGH, GA 30252

SERVICES OF AMERICA, INC HAKIBA WELLNESS PSYCHIATRY SERVICES 140,100.

P.O. BOX 361887 DECATUR, GA 30036

PSYCHIATRY CLINIC PEACHTREE FAMILY PSYCHIATRY SERVICES 106,250.

478 WOODLAWN DRIVE NE MARIETTA, GA 30067

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE

PREPAID EXPENSES 189,842.

> TOTALS 189,842.

CHRIS 180, INC. 58-1430183

# SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization CHRIS 180, INC.

Department of the Treasury

Internal Revenue Service

Employer identification number 58-1430183

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 app	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) CHRIS PROPERTIES, LLC	45-5219835					
1030 FAYETTEVILLE ROAD	ATLANTA, GA 30316	PROG. OFFICE	GA	97,176.	2,975,224.	N/A
(2) CHRIS 180 OPERATIONS, LLC	46-0567666					
1030 FAYETTEVILLE ROAD	ATLANTA, GA 30316	SUPP. SVC.	GA	681,338.	16,239,450.	N/A
(3) CHRIS PROPERTIES GRAHAM CIRC	CLE, LLC 46-0909115					
1030 FAYETTEVILLE ROAD	ATLANTA, GA 30316	SUPP. HOUSING	GA	-37,595.	5,237,632.	N/A
(4) CHRIS HOMES PROPERTIES, LLC	46-0916288					
1030 FAYETTEVILLE ROAD	ATLANTA, GA 30316	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>(b)</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	Section 5 contr ent	olled
						Yes	No
(1) CHRIS 180 SUPPORT ORGANIZATION, INC 82-4568175							
1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	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

CHRIS 180, INC. 58-1430183

Schedule R (Form 990) 2019

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)	_											
(4)												
(5)												

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.

into 11, seedade it had en et mere related erganizatione decide de desperador en dat dannig de tax year.										
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(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	Section 512(b)(13) controlled entity?		
								Yes No		
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

(6)

(7)

Page 3 Schedule R (Form 990) 2019

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

	<del>-</del>	•								
Not	e: 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 lis	sted in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
b	Gift, grant, or capital contribution to related organization(s)				1b	Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
	Loans or loan guarantees to or for related organization(s)				1d		X			
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		X			
	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
I Performance of services or membership or fundraising solicitations for related organization(s)										
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				10		X			
р	Reimbursement paid to related organization(s) for expenses				1р		X			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r		X			
S	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	_	ered relationships and transa	action thre		s.				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	( <b>d)</b> of dete	rminin	ıa			
	Tanio di Totalos diganization	type (a-s)	7		int invo		.9			
(4)	GUDIO 100 CURRORE ORGANIZATION INC		105 222	T-1N/T-7						
(1)	CHRIS 180 SUPPORT ORGANIZATION, INC	J	105,333.	FMV						
(2)	CHRIS 180 SUPPORT ORGANIZATION, INC	В	151,791.	FMV						
(2)	CRAID 100 DUPPORT ORGANIZATION, INC	D	151,/91.	LIMIA						
(2)										
(3)										
		1	İ	1						

(4)

(5)

(6) JSA

Schedule R (Form 990) 2019

CHRIS 180, INC. 58-1430183

Schedule R (Form 990) 2019

### 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)		Predominant income (related, unrelated, excluded from tax under sections 512-514)  (e) Are all parts section 501(c)(3 organization Yes N		(e) (f) Are all partners section 501(c)(3) organizations?		(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
				sections 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)														
(2)														
(3)		-												
(4)		-												
(5)		-												
(6)		-												
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(9)														
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<u>(11)</u>		_												
(12)														
(13)														
(14)														
(15)														
(16)														
/		1												

Schedule R (Form 990) 2019

CHRIS 180, INC. 58-1430183

Schedule R (Form 990) 2019 Page 5

#### Part VII Supplemental Information

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

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning , 2019, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ( (Employees' trust, see instructions.) address changed CHRIS 180, INC. **B** Exempt under section Print 58-1430183 Number, street, and room or suite no. If a P.O. box, see instructions. 501( E Unrelated business activity code 220(e) 408(e) Type (See instructions.) 1030 FAYETTEVILLE ROAD 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets ATLANTA, GA 30316 at end of year Group exemption number (See instructions.) ▶ 25,190,373. 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.  $\triangleright$  1 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. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶SHEILA KATZ COHEN Telephone number ► 404-486-9034 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales 1 c b Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts С 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 Ο. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 22 22 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I)

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

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Excess readership costs (Schedule J)

Unrelated business taxable income. Subtract line 30 from line 29

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

58-1430183 CHRIS 180, INC Form 990-T (2019)

FOIIII	990-1 (2019)	30 I	130103		aye z
Par	t III Total Unrelated Business Taxable Income				-
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
<b>0</b> 2	·	20			
	instructions)				
33	Amounts paid for disallowed fringes	33			
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
00		25			0
	34 from the sum of lines 32 and 33	35			
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35				
	·				
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38			
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39			0
Par	t IV Tax Computation				
	•	40			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy tax. See instructions				
43	Alternative minimum tax (trusts only)				
44	Tax on Noncompliant Facility Income. See instructions	44			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
	Other credits (see instructions)				
С	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 46a through 46d	46e			
47	Subtract line 46e from line 45				
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			
49	Total tax. Add lines 47 and 48 (see instructions)	49			0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.				
		30			
	Payments: A 2018 overpayment credited to 2019				
b	2019 estimated tax payments				
С	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at source (see instructions)				
	, , , , , , , , , , , , , , , , , , , ,				
	, , , , , , , , , , , , , , , , , , , ,				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
_	Form 4136 Other Total ▶ <b>51g</b>				
52		52			
	Total payments. Add lines 51a through 51g				
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	- 55			
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded	- 56			
Par					
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of	r other	authority 🔼	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization n	nay have	to file		i
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country		i
	· · · · · · · · · · · · · · · · · · ·		,		Х
F.C	here <b>&gt;</b>	. ,	<b> </b>		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?	`		
	If "Yes," see instructions for other forms the organization may have to file.				
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 mv	knowledge an	d beli	ef, it i
C:-	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge.				
Sig		lay the IF	RS discuss t	his r	eturn
Her	e   Katherine Colbenson   07/15/2020 President and Ceo   w	ith the p	reparer show		
	Signature of officer Date \ \ \ \ \ \ Title (s	ee instruction	ns)?X Yes		No
	Print/Type preparer's name Preparer's signature 1 Date		PTIN		
Paic	Che Che		P0137	200	Ω
	SABRE U LINAHAN Self-	employed			
	Only Firms name SMITH & HOWARD, P.C.		58-1250		
J30	Firm's address > 271 17TH STREET, NW SUITE 1600, ATLANTA, GA 30363   Photo	30 no 40	4-874-62	2.44	

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58-1430183

CHRIS 180, INC.

Form 990-T (2019)											Page <b>3</b>
Schedule A - Cost of G	<b>oods Sold.</b> Er	iter method	of invent	ory va	aluation	<b>&gt;</b>					
1 Inventory at beginning of y	year <b>1</b>			6	Inventory	at end of yea	ar	6			
2 Purchases	2						ld. Subtract line				
3 Cost of labor	3				6 from lir	ne 5. Enter	here and in Part				
4a Additional section 263A c	osts				I, line 2			7			
(attach schedule)	4a						section 263A (v		espect to	Yes	No
<b>b</b> Other costs (attach schedu							or acquired fo		•		
5 Total. Add lines 1 through							<u> </u>				Х
Schedule C - Rent Income	e (From Real P	roperty ar	nd Perso	nal P	roperty	Leased V	Vith Real Prope	rty)			
(see instructions)	•						•	• ,			
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	2. Rent recei	ved or accrue	ed								
(a) From personal property (if the	nercentage of rent	(b) E	rom real and	nercor	al property	(if the	3(a) Deductions of	irectly c	onnected with	the inco	ome
for personal property is more th			age of rent fo						2(b) (attach sch		DITIE
more than 50%	)	50% or	if the rent is	based	on profit or	income)					
(1)											
(2)											
(3)											
(4)											
Total		Total									
-	alumana O(a) and O(						(b) Total deduction				
(c) Total income. Add totals of chere and on page 1, Part I, line 6							Enter here and of Part I, line 6, colu				
Schedule E - Unrelated D			o instructi	ione)			Tarti, iiie o, coiu	ш (Б)			
Scriedule L - Officiated D	ebt-i manced i	ilcoille (se				3. [	Deductions directly co	nnected	with or allocal	ole to	
1. Description of de	bt-financed property		2. Gross allocable			debt-fina		anced property			
Ti Bosonphon or do	be initiational property			roperty		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(4)						(alla	ich schedule)		(attach sche	uuie)	
(1)											
(2)											
(3)											
(4)	F Avenera adiv	atad basis									
<ol><li>Amount of average acquisition debt on or</li></ol>	<ol><li>5. Average adju of or alloca</li></ol>			Colum		7. Gross	income reportable		. Allocable de		
allocable to debt-financed	debt-financed		1	divided column			n 2 x column 6)	(colu	umn 6 x total 3(a) and 3		nns
property (attach schedule)	(attach sche	edule)							- O(a) and o	(5))	
(1)					%						
(2)					%						
(3)					%						
(4)					%	<b>-</b>					
							e and on page 1, ne 7, column (A).		er here and o t I, line 7, co		
						,	, (- 1)-		, 5 . , 50	(2	,-
Totals					▶						
Total dividends-received deduct	tions included in co	olumn 8					<u> ▶</u>				

Form **990-T** (2019)

Form 990-T (2019)	CHRIS 18									430183 Page <b>4</b>	
Schedule F - Interest, Ann	uities, Royaltie	s, and Ren	ts Fr	om Contro	lled O	rganiza	tions (se	e instructio	ns)		
	•			ontrolled Org			· · · · · · · · · · · · · · · · · · ·				
Name of controlled organization	2. Employer identification numb	er 3. Ne	let unrelated income 4. T		4. Total of specified payments made		included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific		includ	art of column led in the co zation's gross	ntrolling		. Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals					<b>•</b>	Enter	columns 5 a here and on I, line 8, colu	page 1,	Ent	ld columns 6 and 11. er here and on page 1, rt I, line 8, column (B).	
Schedule G-Investment Ir	come of a Sec	ction 501(	:)(7).	(9). or (17	) Orga	nizatio	1 (see inst	tructions)			
1. Description of income	2. Amount of	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Deduction directly corticated school (attach school)	tions nected		<b>4.</b> Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)				(4114011-001						p.uc co,	
(2)											
(3)											
(4)	Enter here and	on nage 1								Enter here and on page 1,	
Totals ▶	Part I, line 9, column (A).					Part I, line 9, column (B).					
Schedule I-Exploited Exe	mpt Activity In	come, Oth	er Th	nan Adverti	ising Ir	ncome (	see instru	ctions)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business in	es with	4. Net incon from unrelat or business 2 minus col If a gain, co	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.  5. Gross income from activity that is not unrelated business income  6. Expenses attributable is column 5		ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).			
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, col	ırt I,							Enter here and on page 1, Part II, line 25.	
Totals ► Schedule J – Advertising In	rome (see instr	uctions)									
			ncc	lidated Dag	·ic						
Part I Income From Per	lodicals Report	ed on a Co	onso	ildated bas	SIS	I					
1. Name of periodical	2. Gross advertising income	3. Direct advertising		4. Advert gain or (los 2 minus co a gain, co cols. 5 thro	s) (col. ol. 3). If mpute	1	rculation come	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5)) ▶											

Form **990-T** (2019)

Form 990-T (2019) CHRIS 180, INC. 58-1430183 Page 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						
	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.
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	<b>4.</b> Compensation unrelated l	

Form **990-T** (2019)

(1)

(3)

(4)

(2) ATCH 1

Total. Enter here and on page 1, Part II, line 14

%

%

%

ATTACHMENT 1

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
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)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
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)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
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.

ATTACHMENT 1 (CONT'D)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CINDY SIMPSON 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	C00	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			0.

## 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.

# Georgia Form 600-T<sub>(Rev. 05/28/19)</sub> Exempt Organization Unrelated Business Income Tax Return



Mailing Address:
Georgia Department of Revenue
Processing Center
PO Box 740397 Atlanta, Georgia 30374-0397

### Page 1

Amended	Amended due to IRS Audit	Address Change	. [	UET Annualization Except	tion a	ttached				
For the taxable	e year beginning01	_/01	, 20	19 and ending		12/3	<u>1</u> ,	20 <u>19</u>		
Name of Organiz	zation	Name of Fiduciary			Federal Employer ID No. (in case of employees'					
CHRIS 180	), INC.				trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.					
Number and Stre		Number and Stre	et			( //		·		
1030 FAYE	ETTEVILLE ROAD					58-1430	183			
City or Town		City or Town				NAICS Code	Date of current	IRS code section		
ATLANTA							exemption letter.	for which you are exempt.		
State	Zip Code	State	Zip C	Code						
GA	30316									
	GEORGIA UNRELATEI	BUSINESS T	AXA	BLE INCOME		S	CHEDULE 1			
1. Unrelated b	usiness taxable income from F	ederal Form 990	-T (at	tach copy)	1.					
2. Additions .					2.					
3. Total (add L	ine 1 and Line 2)				3.					
4. Subtractions	5				4.					
5 Adi		(I in - 2 I I i	4\		_					
5. Adjusted un	related business taxable incon	1e (Line 3 iess Lii	ne 4).		5.					
6. Income allo	cated everywhere									
7. Unrelated b	usiness taxable income subjec	t to apportionme	ent (Li	ne 5 less Line 6)	7.					
8. Apportionme	ent ratio (Attach Computation S	Schedule)			8.					
9. Georgia app	portioned unrelated business to	axable income (L	ine 7	x Line 8)	9.					
10. Income allocated to Georgia (Attach Schedule)										
11.Total of Line	es 9 and 10				11.					
_	operating loss deduction (Atta				12.					
13.Georgia unr	elated business taxable incom	e (Line 11 less Li	ne 12	)	13.					

# Georgia Form 600-T Page 2

PRESIDENT AND CEO

Title



COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX	SCHEDULE 2						
1. Line 13, Schedule 1 multiplied by 5.75%	1.						
Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2     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	7.						
7. Interest due (See Instructions)	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.							
	OWARD,P.C. dual or Firm Preparing Return						

P01372980

Employee ID or Social Security Number

Date

### Georgia Form 600-T Page 3



Name CHRIS 180, INC.

**CREDIT USAGE AND CARRYOVER** 

FEIN 58-1430183

(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			
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 Line	es 2 through 9)	10.	
11. Credit Used this tax year		11.	
12. Potential carryover to next tax year (Line 10 less I	Line 11)	12.	

# Georgia Form 600-T Page 4 SCHEDULE 3B



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 Line	es 2 through 9)	10.	
11. Credit Used this tax year		11.	
12. Potential carryover to next tax year (Line 10 less I	Line 11)	12.	

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning , 2019, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ( (Employees' trust, see instructions.) address changed CHRIS 180, INC. **B** Exempt under section Print 58-1430183 Number, street, and room or suite no. If a P.O. box, see instructions. 501( E Unrelated business activity code 220(e) 408(e) Type (See instructions.) 1030 FAYETTEVILLE ROAD 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets ATLANTA, GA 30316 at end of year Group exemption number (See instructions.) ▶ 25,190,373. 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.  $\triangleright$  1 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. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶SHEILA KATZ COHEN Telephone number ► 404-486-9034 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales 1 c b Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts С 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 Ο. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 22 22 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 26

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

27

28

29

30

Unrelated business taxable income. Subtract line 30 from line 29

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

27

28

29

30

CHRIS 180, INC. 58-1430183 Form 990-T (2019) Page 2

	,			9-
Par	rt III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unre	elated trades or businesses (see		
	instructions)	,	32	
33	Amounts paid for disallowed fringes		33	
34	Charitable contributions (see instructions for limitation rules)		34	
-			34	
35	Total unrelated business taxable income before pre-2018 NOLs and			0 .
	34 from the sum of lines 32 and 33		35	
36	Deduction for net operating loss arising in tax years beginning	before January 1, 2018 (see		
	instructions)		36	
37	Total of unrelated business taxable income before specific deduction. Subtrac	t line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exception	ns)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If	,		
	enter the smaller of zero or line 37	•	39	0
Par			33	
	rt IV Tax Computation		T 40	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	
41		computation. Income tax on		
	the amount on line 39 from: Tax rate schedule or Schedule D	(Form 1041)	41	
42	Proxy tax. See instructions		42	
43	Alternative minimum tax (trusts only)		43	
44	Tax on Noncompliant Facility Income. See instructions			
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies			
			45	
	Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).		_	
b	Other credits (see instructions)			
С	General business credit. Attach Form 3800 (see instructions)	46c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	46d		
е	Total credits. Add lines 46a through 46d		46e	
47	Subtract line 46e from line 45			
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697			
-				0 .
49	Total tax. Add lines 47 and 48 (see instructions)			
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column	1 1	50	
	Payments: A 2018 overpayment credited to 2019		_	
b	2019 estimated tax payments	51b		
С	Tax deposited with Form 8868	51c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		
е	Backup withholding (see instructions)	51e	7	
f	Credit for small employer health insurance premiums (attach Form 8941)		1	
			-	
g		State B Edge		
	Form 4136 Other T			
52	Total payments. Add lines 51a through 51g		52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount of	owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter a	mount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	Refunded >	56	
Par	rt VI Statements Regarding Certain Activities and Oth	er Information (see instruction	ns)	
57	At any time during the 2019 calendar year, did the organization have			nority Yes No
0.	over a financial account (bank, securities, or other) in a foreign cou	_		101119
	, ,	, ,	,	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts.	if "Yes," enter the name of the	toreign col	
	here			X
58	During the tax year, did the organization receive a distribution from, or was it	the grantor of, or transferor to, a fore	ign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year	r <b>▶</b> \$		
	Under penalties of perjury, I declare that I have examined this return, including accomp	anying schedules and statements, and to the	best of my kno	wledge and belief, it i
Sigi	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informa			
_		DDDGTDDMM AMD GDG	•	discuss this return
Her		["		arer shown below
			ee instructions)?	
Paid	Print/Type preparer's name Preparer's signature	Date	ck L if	PTIN
	DADKE U LINAHAN			P01372980
	parer SMITH & HOWARD, P.C.	Firm	s EIN ▶ 58	-1250486
026	First address > 271 17TH STDEET NW SIITTE 1600	лтглитл сл 30363 в	404-5	274_6244

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CHRIS 180, INC.

Form 990-T (2019)						Page 3	
Schedule A - Cost of Goods Schedule A - Cost of	<b>old.</b> Enter metho	d of inventory valuation	<b>&gt;</b>				
1 Inventory at beginning of year 1				ar	6		
2 Purchases2				ld. Subtract line			
3 Cost of labor			•	here and in Part			
4a Additional section 263A costs					7		
(attach schedule) 4a				section 263A (v		Yes No	
b Other costs (attach schedule) 4b				or acquired for			
5 Total. Add lines 1 through 4b 5						х	
Schedule C - Rent Income (From	Real Property a	nd Personal Property	I eased W	/ith Real Prope	rtv)		
(see instructions)	iteal i Toperty a	ind i croonari roperty	Leasea V	vitii Keai i Tope	· ·y/		
1. Description of property							
<u>(1)</u>							
(2)							
(3)							
(4)							
<b>2.</b> Re	ent received or accru	ed					
(a) From personal property (if the percentage for personal property is more than 10% but more than 50%)	t not percen	From real and personal property age of rent for personal property r if the rent is based on profit or	y exceeds		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)							
(2)							
(3)							
(4)							
Total	Total						
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (	a) and 2(b). Enter A)			(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,		
Schedule E - Unrelated Debt-Fina	inced Income (s	ee instructions)					
1. Description of debt-financed	oroperty	2. Gross income from or allocable to debt-financed debt-financed property					
		property		a) Straight line depreciation (b) Other deductions (attach schedule) (attach schedule)			
(1)							
(2)							
(3)							
(4)							
4. Amount of average 5. Ave acquisition debt on or of allocable to debt-financed debt	erage adjusted basis for allocable to -financed property ttach schedule)	6. Column 4 divided by column 5		income reportable n 2 x column 6)	8. Allocable deduction (column 6 x total of a 3(a) and 3(b)	columns	
(1)		%					
(2)		%					
(3)		%					
(4)		%					
Totals				e and on page 1, e 7, column (A).	Enter here and on Part I, line 7, colur		
Total dividends-received deductions inclu-	ded in column 8	<u></u>	<u></u>				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)  1. Name of controlled organization  2. Employer identification number  3. Net unrelated income (loss) (see instructions)  4. Total of specified payments made  5. Part of column 4 that is included in the controlling organization's gross income in column 5  (1)  (2)  (3)  (4)  Nonexempt Controlled Organizations  9. Total of specified  10. Part of column 9 that is  11. Deductions directly approached in the controlling organization in column 5  11. Deductions directly approached in the controlling organization in column 5  12. Employer identification number  13. Net unrelated income in column 5  14. Total of specified income in column 5  15. Part of column 4 that is included in the controlling organization's gross income in column 5  16. Deductions directly connected with incoming in column 5  17. Deductions directly column 9 that is included in the controlling organization in column 5  18. Net unrelated income in column 9 that is included in the controlling organization in column 5  18. Net unrelated income in column 5  19. Total of specified income in column 9 that is included in the controlling organization in column 5  19. Part of column 9 that is included in the controlling organization in column 5  19. Total of specified income in column 9 that is included in the controlling organization in column 5  19. Total of specified income in column 9 that is included in the controlling organization in column 5  19. Total of specified income in column 9 that is included in the controlling organization in column 5  19. Total of specified income in column 9 that is included in the controlling organization in column 5  19. Total of specified income in column 9 that is included in the controlling organization in column 5  19. Total of specified income in column 9 that is included in the controlling organization in column 5
1. Name of controlled organization  2. Employer identification number  3. Net unrelated income (loss) (see instructions)  4. Total of specified payments made  5. Part of column 4 that is included in the controlling organization's gross income in column 5  (1)  (2)  (3)  (4)  Nonexempt Controlled Organizations  9. Total of specified  10. Part of column 9 that is  11. Deductions directly
(loss) (see instructions) payments made organization's gross income in column 5  (1) (2) (3) (4)  Nonexempt Controlled Organizations  8 Net unrelated income 9 Total of specified 10. Part of column 9 that is 11. Deductions directly
(2) (3) (4)  Nonexempt Controlled Organizations  8 Net unrelated income 9 Total of specified 10. Part of column 9 that is 11. Deductions directly
(2) (3) (4)  Nonexempt Controlled Organizations  8 Net unrelated income 9 Total of specified 10. Part of column 9 that is 11. Deductions directly
(3) (4)  Nonexempt Controlled Organizations  8 Net unrelated income 9 Total of specified 10. Part of column 9 that is 11. Deductions directly
(4)  Nonexempt Controlled Organizations  8 Net unrelated income 9 Total of specified 10. Part of column 9 that is 11. Deductions directly
Nonexempt Controlled Organizations  8 Net unrelated income 9 Total of specified 10. Part of column 9 that is 11. Deductions directly
8 Net unrelated income 9 Total of specified 10. Part of column 9 that is 11. Deductions directly
7. Taxable Income (loss) (see instructions) 9. Total of specified included in the controlling organization's gross income column 10
(1)
(2)
(3)
(4)
Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  Add columns 6 and 11 Enter here and on page 9 Part I, line 8, column (B)
Totals
2 Deductions 5 Total deduction
1. Description of income 2. Amount of income directly connected (attach schedule)  4. Set-asides (attach schedule) and set-asides (col. plus col. 4)
(1)
(2)
(3)
(4)
Enter here and on page 1, Enter here and on page 1,
Part I, line 9, column (A).
Totals ▶
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)
1. Description of exploited activity  2. Gross unrelated business income from trade or business income  1. Description of exploited activity  2. Gross unrelated business income from trade or business income  3. Expenses directly connected with production of unrelated business income  4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.  5. Gross income from activity that is not unrelated business income  6. Expenses attributable to column 5, but record from activity that is not unrelated business income  7. Excess exeme expenses (column 6 minus column 5). If a gain, compute cols. 5 through 7.
(1)
(2)
(3)
(4)
Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 25
Totals
Schedule J- Advertising Income (see instructions)
Part I Income From Periodicals Reported on a Consolidated Basis
1. Name of periodical  2. Gross advertising income  3. Direct advertising costs income  4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  5. Circulation income  6. Readership costs not more than column 4).
(1)
(2)
(3)
(4)
Totals (carry to Part II, line (5))

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