CHRIS 180, Inc.

Public Inspection Copy For the Year Ended December 31, 2020

TAX RETURNS

SMITH & HOWARD

Certified Public Accountants and Advisers

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

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

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

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

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

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

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

	For calendar year 2020, or fiscal year beginning U1/U1 , 2020		_ , 20 _ 2 U	0000
Department of the Treasury	Do not send to the IRS. Keep for			2020
Internal Revenue Service Name of exempt organization	► Go to www.irs.gov/Form8879EO for the	iatest information.	Taxpayer identific	cation number
CHRIS 180, II			58-1430	
Name and title of officer or p			1 20-1430	100
KATHERINE CO	LBENSON, PRESIDENT AND CEO			
	Return and Return Information (Whole Dollars Only)			
Check the box for the	return for which you are using this Form 8879-EO and en	ter the applicable amo	unt, if anv. from	the return. If you
check the box on line blank, then leave line return, then enter -0- o 1a Form 990 check h 2a Form 990-EZ chec 3a Form 1120-POL c 4a Form 990-PF check 5a Form 8868 check 6a Form 990-T check 7a Form 4720 check Part II Declarati Under penalties of perj (name of organization) of the 2020 electronic	1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount or 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, in the applicable line below. Do not complete more than or the applicable line below. Do not complete more than or the applicable line below. Do not complete more than or the applicable line below. Do not complete more than or the applicable line below. Do not complete more than or the applicable, in the applicable, in the applicable line below. Do not complete more than or the applicable, in the applicable, or the applicable, in the applicable line below. Do not complete more than or the applicable, in the applicable line below. Do not complete more than or the applicable, in t	n that line for the returblank (do not enter -0 ne line in Part I. I, column (A), line 12). I am a persection or I am a persection or I am a persection or I to the best of my kno	n being filed w -). But, if you e 1b 2b 3b 5b 5b 6b 7b Ton subject to ta and that I have wledge and beli	ax with respect to examined a copy ef, they are
I consent to allow my into receive from the IRS processing the return of Agent to initiate an elesoftware for payment of a payment, I must confidential information	ntermediate service provider, transmitter, or electronic reit (a) an acknowledgement of receipt or reason for rejection refund, and (c) the date of any refund. If applicable, I autotronic funds withdrawal (direct debit) entry to the financial of the federal taxes owed on this return, and the financial fact the U.S. Treasury Financial Agent at 1-888-353-4537 or authorize the financial institutions involved in the process of necessary to answer inquiries and resolve issues related PIN) as my signature for the electronic return and, if applications in the process of the signature for the electronic return and, if applications in the process of the signature for the electronic return and, if applications in the process of the signature for the electronic return and, if applications is the signature for the electronic return and the signature for the signature for the electronic return and the signature for the signature for the electronic return and the signature for the signature for the electronic return and the signature for the signature for the electronic return and the signature for th	turn originator (ERO) to n of the transmission, (k thorize the U.S. Treasu al institution account ind institution to debit the e no later than 2 busines sing of the electronic p d to the payment. I have	o send the return o) the reason for ry and its design dicated in the ta entry to this accuse as days prior to to ayment of taxes selected a pers	n to the IRS and r any delay in nated Financial ax preparation ount. To revoke the payment is to receive
PIN: check one box on	ıly			
X I authorize SN	AITH & HOWARD, P.C. to		7 2 8 6 a	as my signature
state agency(id	r 2020 electronically filed return. If I have indicated within es) regulating charities as part of the IRS Fed/State progrum's disclosure consent screen.	this return that a copy am, I also authorize the	of the return is aforementioned	being filed with a ERO to enter my
electronically f	r person subject to tax with respect to the organization, I illed return. If I have indicated within this return that a copyrities as part of the IRS Fed/State program, will enter my	of the return is being t	iled with a state	e agency(ies)
Signature of officer or person	subject to tax > John Olbu A	ZSE Date ▶	4/23	/2021
Part III Certificat	ion and Authentication		1	3.557.958
ERO's EFIN/PIN. Enter	your six-digit electronic filing identification			
number (EFIN) followe	d by your five-digit self-selected PIN.	6 7 9	0 8 3 8 5 Do not enter all	
I certify that the above that I am submitting th IRS e-file Providers for ERO's signature	numeric entry is my PIN, which is my signature on the 20 is return in accordance with the requirements of Pub. 416 Business Returns	20 electronically filed (33, Modernized e-File (MeF) Information	above. I confirm on for Authorized
	ERO Must Retain This Form - See	Instructions		
	Do Not Submit This Form to the IRS Unless		io	
For Paperwork Reduc	tion Act Notice, see back of form.			n 8879-EO (2020)
•	•:: -: -: -: -: -: -: -: -: -:		. 5111	(1010)

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PAGE 1

Form 8879-EO

IRS e-file Signature Authorization

 $_$, 2020, and ending $\underline{12/31}$

▶ 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 Taxpayer identification number Name of exempt organization or person subject to tax 58-1430183 CHRIS 180, INC. Name and title of officer or person subject to tax KATHERINE COLBENSON, PRESIDENT AND CEO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . . Form 990 check here ▶ b Total revenue, if any (Form 990-EZ, line 9)...... Form 990-EZ check here ▶ **b** Total tax (Form 1120-POL, line 22)...... Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here ▶ b Balance due (Form 8868, line 3c). 5b Form 8868 check here ▶ 6a Form 990-T check here ▶ b Total tax (Form 4720, Part III, line 1) . . Form 4720 check here ▶ Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or \square I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize SMITH & HOWARD, P.C. to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 3 8 5 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date ▶ 11/15/2021 **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

B	Check if a	autoskia	C Name of organization			D Employer id	dentific	cation number		
_			CHRIS 180, INC.			i.				
	Addre		Doing Business As			58-143	0183	3		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te	E Telephone	numbe	r		
Γ	Initia	l return	1030 FAYETTEVILLE ROAD			(404) 486-9034				
	Term	unated	City or town, state or province, country, and ZIP or foreign postal code							
Г	Amer		ATLANTA, GA 30316			G Gross recei	pts \$	32,253,842.		
		cation	F Name and address of principal officer: KATHERINE COLBENSON			H(a) Is this a gro				
_			1030 FAYETTEVILLE ROAD, ATLANTA, GA 30316			subordinate H(b) Are all subor				
ī	Tax-ex	empt st		or T	527			t. (see instructions)		
J	Websi	ite: ▶	WWW.CHRIS180.ORG	01	021	H(c) Group exer				
K	Form	of organ	ization: X Corporation Trust Association Other	I Va	ar of format			of legal domicile: GA		
Ī	Part I		mmary	_ 10.	ar or rormat	IOII. 2302 101	State	or legal dofflictie. Or		
	1		describe the organization's mission or most significant activities: TO HEA	AL CHI	LDREN.	STRENGTH	IEN	FAMILIES		
	4		BUILD COMMUNITY. CHRIS IS AN ACRONYM FOR OUR					EMILIES,		
Š			DR, RESPECT, INTEGRITY, AND SAFETY.							
	2		this box I if the organization discontinued its operations or dispose			-614				
Š	3	Mumh	er of voting members of the governing body (Part V/Lline 4e)	a or more	man 25%	or its net asse	1 1	27.		
0	3 4	Alumb	er of voting members of the governing body (Part VI, line 1a)		• • • •	• • • • • •	3	26.		
	3 7	Total	er of independent voting members of the governing body (Part VI, line 1b)				4			
3	5	Total	number of individuals employed in calendar year 2020 (Part V, line 2a)				5	580.		
A ceiviting 8	[] ·	Tatal	number of volunteers (estimate if necessary)				6	254.		
	10	lotal	unrelated business revenue from Part VIII, column (C), line 12				7a	0.		
_	D	Net ur	prelated business taxable income from Form 990-T, line 34				7b	<u> </u>		
			·			Prior Year	2.4	Current Year		
9	8	Contri	butions and grants (Part VIII, line 1h)	Y FOR	٦ـــــ	6,908,9	\rightarrow	10,988,565.		
0110000	9	Progra	Im service revenue (Part VIII, line 2g)	ISPECTIO	N	16,611,9		20,912,636.		
Š		mivest	ment income (Part VIII, Column (A), lines 3, 4, and 7d)		-	160,3		331,558.		
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-315,0		-104,699.		
_	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			23,366,1		32,128,060.		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			151,7		14,197.		
	14		its paid to or for members (Part IX, column (A), line 4)				0.	0.		
é	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			15,858,9	42.	19,931,915.		
909000	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)				0.	0.		
3	b	Total 1	undraising expenses (Part IX, column (D), line 25) 833,649	·			310	四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二		
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			6,564,50		8,557,894.		
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			22,575,2	42.	28,504,006.		
_	19	Reven	ue less expenses. Subtract line 18 from line 12			790,9	42.	3,624,054.		
3 0	8				Begin	ning of Current	Year	End of Year		
ssets	20	Total a	assets (Part X, line 16)			25 , 190,3	73.	28,396,764.		
t As	21		iabilities (Part X, line 26)			7,627,58	87.	7,209,924.		
ž,	22	Net as	sets or fund balances. Subtract line 21 from line 20		_,	17,562,78	86.	21,186,840.		
	art II		nature Block							
U	nder per	nalties o	f perjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of preparer tother than officer) is based on all information of whic	les and sta	atements, a	nd to the best o	f my k	knowledge and belief, it is		
- 01	Je, corre	T and	complete. Declaration of pregater (other than oncer) is based on all information of which	on preparei	nas any kn	owledge.	_	7		
o:		 	of hy to belle				6	123/2021		
	gn		Signature of officer	17	1 -	Date	1			
М	ere		tothy Cosporasod presider	150	Œ					
			Type or print name and title	, -	1211					
-		Print/	Type preparer's name Preparer's signal reparer's signal r	Date		Check	if F	PTIN		
Pa		SABI	RE J LINAHAN DOUR OFFICIAL	11/	15/202		yed	P01372980		
	eparer	Firm's	name ▶ SMITH & HOWARD, P.C.	• ;		Firm's EIN	58-	1250486		
US	e Only	Firm's	address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363			Phone no.	404	-874-6244		
Ma	y the I		cuss this return with the preparer shown above? (see instructions)			100000		X Yes No		
Fo	r Pape	rwork	Reduction Act Notice, see the separate instructions.					Form 990 (2020)		
	•		•							

PUBLIC INSPECTION COPY

Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		105	140
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		_
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	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	
5	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
6	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		x
7	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
·	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	*	x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		_^
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	140	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	A DESCRIPTION OF THE PERSON OF	
''	VII, VIII, IX, or X as applicable.			
_		Theodie		-11
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	l	,	١.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	l		۱.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			۱.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Ì		
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	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	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did 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		X
18	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	, X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	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	<u> </u>
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	9179PW 9242 6/16/2021 8:33:56 AM V 20-5.2F 94397			ÀGE

Form 9	90 (2020)		F	Page 4
Part	IV Checklist of Required Schedules (continued)	···	V	
	POLICE TO A STATE OF THE STATE		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			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	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?			v
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		<u> </u>
27	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			х
22	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
J 4	or IV, and Part V, line 1	34	X	l
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1 62	NO
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.0	
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·		1c	x	
JSA 054020	reportable gaming (gambling) winnings to prize winners?	Form		(2020)
0E 1030	9179PW 9242 6/16/2021 8:33:56 AM V 20-5.2F 94397			AGE

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			171 17
			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 580			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	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		
4a	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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	7.7		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1 1	Х
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).	38310	e viria	A STORY
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and parties provided to the parties?	MARKET STATE	Х	
	and services provided to the payor?	7a	^	
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	^-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	YSO III.W	<u> X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	Carlo con	6 3-2-1 100	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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.			
а	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		
10	Section 501(c)(7) organizations. Enter:			A 1000
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:			
а	Gross income from members or shareholders			Special Control
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		-41	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	" of any days (set	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1 %	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		Specifical Control
a	Note: See the instructions for additional information the organization must report on Schedule O.	100	135-552	1 r. 13
h				
D	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			
_				
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ـ ا		v
	excess parachute payment(s) during the year?	15	A H (1) 2	<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.	NO LE		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	415 114	X
	If "Yes," complete Form 4720, Schedule O.			2 3
		Form	990	(2020)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Secti	ion A. Governing Body and Management					
		,			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	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.					
	if the governing body delegated broad authority to an executive committee or similar committee explain on Schedule O					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other page 1.			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.	🚽	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?]	5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	r appoint			
	one or more members of the governing body?		😘	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	en during			
	the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b_	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be re	ached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		,
			3		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
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? If "No," go to line 13			12a	Х	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review at	nd ap	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and	decision?	-		
а	The organization's CEO, Executive Director, or top management official			15a	_X	
b	Other officers or key employees of the organization			15b	Х	
	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	ar arra	angement			
	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 ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	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 990-T	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
	X Own website Another's website X Upon request Other (explain on Sc		•			
19-	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents	conflict o	finte	rest p	oolicy,
	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 SHEILA KATZ COHEN 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316 404-486-9034	books	and record	s 🕨		
	SHELLA MALE CORER 1030 PALEITEVIDEE NORD ALEMAIA, ON 30310 404-400-3034					

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) 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) KATHERINE COLBENSON	40.00										
PRESIDENT & CEO	.10	1		Х				298,193.	0.	33,291	
(2)CINDY SIMPSON	40.00				_						
C00	0.	1		Х				213,232.	0.	25,910	
(3) KEVIN CLIFT	40.00							· · · · · · · · · · · · · · · · · · ·			
CHIEF DEVELOPMENT OFFICER	0.					Х		142,676.	0.	6,773	
(4) SHEILA KATZ COHEN	40.00									·	
CFO (MARCH 2020-)	6.00			Х				127,806.	0.	4,910	
(5) BRITTNEY WALTERS	40.00										
VP, SCHOOL-BASED MENTAL HEALTH	0.	1				Х		100,939.	0.	9,027	
(6)MONICA MCGANNON	40.00										
VP, TRAINING	0.					Х		101,412.	0.	8,015	
(7) FREDERICK MARK PHILLIPS	40.00										
CFO (- APRIL 2020)	6.00			Х				64,627.	0.	4,625	
(8) SUSAN O'FARRELL	1.00										
CHAIR	0.	Х						0.	0.	0	
(9) JULIA HOUSTON	1.00										
VICE CHAIR	0.	X						0.	0.	0	
(10) APRIL ESTES	1.00										
TREASURER	0.	Х		l				0.	0.	0	
(11) CYRIL TURNER	1.00										
SECRETARY	0.	Х						0.	0.	0	
(12) ANA AMATO	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(13) GABE BANKS	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(14) JAY BERNATH	1.00										
TRUSTEE	0.	Х		L				0.	0.	0	

Page 8

Part VII Section A. Officers, Directors, Tr	ustees, ne	у⊏п	ibio	yee	es, a	and H	ligi	nest Compensat	ea Employee	es (cc	ontinued)
(A) Name and title	Le and title Average hours per week (list any hours person is both an) hours person is both an from the person is both an in the person in the person is both and the person is both an in the person in the person is both an in the person in the person in the person in the person in t		(D) Reportable compensation from	(E) Reportable compensation related	from	(F) Estimated amount of other compensation					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		from the organization and related organizations
5) ISYS CAFFEY TRUSTEE	1.00	х						0.		0.	
6) DAN DIFFLEY	1.00										
TRUSTEE 7) EMILY CHAMBERS	1.00	Х	\vdash					0.		0.	
TRUSTEE 8) LENORE WILSON CUSICK	1.00	X	\vdash					0.		0.	
TRUSTEE	0.	Х						0.		0.	
9) TODD ELLIS TRUSTEE	1.00	x						0.		0.	
0) KEVIN HEATH	1.00										la se
TRUSTEE 1) SUSAN JOHNSON	1.00	X						0.		0.	
TRUSTEE	0.	Х						0.		0.	
2) ROBERT "BO" KEATLEY TRUSTEE	1.00	x						0.		0.	
3) ROB KIGHT	1.00										
TRUSTEE 4) PAULA LARSON	1.00	Х						0.		0.	
TRUSTEE	0.	Х						0		0.	
5) VALARIE MACKEY TRUSTEE	1.00	х						0.		0.	
1b Sub-total							▶	1,048,885.		0.	92 , 551
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)								0. 1,048,885.		0.	92,55
 Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Schedular For any individual listed on line 1a, is the 	cer, directo	or, or ch ind	tru lividu	iste	e, I	key e	mp	loyee, or highes	t compensate	ie	Yes N
organization and related organizations gr individual										•	4 X
for services rendered to the organization? If "Y Section B. Independent Contractors	'es," comple	te Sci	nedu	le J	for	such	per	son	<u></u>	•	5 X
Complete this table for your five highest compensation from the organization. Report (year.	npensated i compensati	ndepe on fo	ende the	nt o	cont	tractor	rs t ar e	hat received more ending with or with	than \$100,0 nin the organi	00 of zation	: n's tax
(A) Name and business ad	dress							(B) Description of se	ervices	C	(C) ompensation
ATTACHMENT 6											
							\vdash				
							1				

	t VII Section A. Officers, Directors, Tr (A) Name and title	(B)			(0	C)		· ×	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related	box,	unles r and	heck ss pe d a d	more rson irect	e than of is both tor/trus	an tee)	compensation from the	compensation from related organizations	amount of other compensation
		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
261	MANEY MAGIOOM	1 00		ee			sated				
	MANEY MAZLOOM TRUSTEE	1.00	Х						0.	0.	
27)	TERRIN MCKAY TRUSTEE	1.00	Х						0	0.	
28)	ARAYA MESFIN TRUSTEE	1.00			_						
	J. SCOTT MOSTELLER	1.00	Х		_				0.	0.	
30)	TRUSTEE TERRY RUSSELL	1.00	X						0.	0.	
	TRUSTEE MARIA SMITH	1.00	X					<u> </u>	0.	0.	
	TRUSTEE STEVE TEDDER	0. 1.00	X					_	0.	0.	
	TRUSTEE	0.	х						0.	0.	
	REBECCA WOODS TRUSTEE	1.00	х						0.	0.	
											.
*2											
c 1	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)							> >	0.	0.	
2 1	Total number of individuals (including but not eportable compensation from the organization	limited to the		iste				o re	ceived more than	\$100,000 of	
3 [Did the organization list any former office	cer, directo	r, or	tru	ste	e, l	key e	emp	loyee, or highest	compensated	Yes No
	employee on line 1a? If "Yes," complete Sched for any individual listed on line 1a, is the										3 X
(organization and related organizations grandvidual	eater than	\$15	0,00	00?	- If	"Yes	s," (complete Schedu	e J for such	4 X
5 [Did any person listed on line 1a receive or or services rendered to the organization? If "Y	accrue coi	mpen	satio	on f	rom	any	uni	related organization	n or individual	
Sect	ion B. Independent Contractors										
C	Complete this table for your five highest compensation from the organization. Report of ear.	npensated in compensation	ndepe on for	nde the	ent o cal	end	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100,000 o in the organization	f n's tax
	(A) Name and business ad	dress							(B) Description of se	rvices C	(C) ompensation
								-			
2 1	Total number of independent contractors (i	ncluding by	ıt not	lim	ited	l to	thos	ie li	sted above) who	received	

	990 (2 rt V III	Statement of Revenue					183 Page 9
		Check if Schedule O contains a response	or note to any	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f	172,500. 481,707. 5,004,137. 5,330,221.				
Contribu	g h	Noncash contributions included in lines 1a-1f	352,339	10,988,565.			
4			Business Code				
vice	2a	GRANTS AND CONTRACTS INCOME	900099	20,288,892.	20,288,892.		
Ser	b	RENTAL INCOME	531110	479,727.	479,727.		+
E S	С	TRAINING PROGRAM REVENUE OTHER PROGRAM FEES	900099	111,118. 32,899.	111,118.		+
gra Re	d	OTHER PROGRAM FEES	300033	32,099.	32,099.		
Program Service Revenue	e f	All other program service revenue		20,912,636.			
	3	Investment income (including dividends, in		20,912,030.		Carl Lin	
	,	other similar amounts)		136,872.			136,872
	4	Income from investment of tax-exempt bond pr		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a			N		
	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	205,500.				
nue	b	Less: cost or other basis					
/en		and sales expenses 7b	10,814.				
Other Reve	С	Gain or (loss) 7c	194,686.		10. 404		
ē	d	Net gain or (loss)	▶	194,686.	194,686.		
5	8a	Gross income from fundraising					
		events (not including \$481,707.					
		of contributions reported on line	10,269.				
		10), 000 1 0.111, 1.110 10 1 1 1 1 1 1 1 1	114,968.				
	b	Net income or (loss) from fundraising events		-104,699.		707-7	-104,699
			<u> </u>			W. W.	
	9a	Gross income from gaming activities See Part IV, line 19 9a	0.	100	*** 5L- =4		
	ь	Less: direct expenses 9b	0.				
	C	Net income or (loss) from gaming activities.	▶	0.	n arrows		
	10a	Gross sales of inventory, less				3-71	
	.04	returns and allowances	0.				
	h	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory		0.			
S			Business Code				
Snc	1				1-000	N 11 0	

d All other revenue

0.

0	S			
Section 501(c)(3) and 501(c)(4) organizations mus	st complete all columns	s. All other organization	ons must complete colun	nn (A).
Check if Schedule O contains a resp	onse or note to any line			
Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	14 107	14 107		
and domestic governments. See Part IV, line 21	14,197.	14,197.		
2 Grants and other assistance to domestic	0.		or sometiment of exist in	
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and			an after these state in	
foreign individuals. See Part IV, lines 15 and 16	0.		00 49 40 WAR	
4 Benefits paid to or for members	0.			and the state of
5 Compensation of current officers, directors,				
trustees, and key employees	772,594.	669,224.	80,089.	23,281
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	15,639,537.	13,570,955.	1,587,764.	480,818
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	81,568.	70,779.	8,281.	2,508
9 Other employee benefits	2,220,288.	1,926,619.	225,409.	68,260
10 Payroll taxes	1,217,928.	1,056,837.	123,647.	37,444
11 Fees for services (nonemployees):				
a Management	97,032.	97,032.		
b Legal	98.		98.	
c Accounting	70,003.		70,003.	
d Lobbying	16,500.	16,500.		
e Professional fundraising services. See Part IV, line 17.	0.		in the bearing the property of	
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column	1 405 640	1 207 652	156 006	F1 000
(A) amount, list line 11g expenses on Schedule O.)	1,495,649.	1,287,653.	156,006.	51,990
Advertising and promotion	238,149.	51,814. 138,653.	41,664. 61,306.	29,502
3 Office expenses	238,149.	130,033.	61,306.	38,190
4 Information technology	0.			
S Royalties	1,282,285.	1,169,945.	86,347.	25,993
6 Occupancy	224,295.	213,415.	10,789.	23, 993
17 Travel	221/2331	213/413.	10,705.	
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	37,275.	36,480.	795.	
21 Payments to affiliates	0.	,		F2
22 Depreciation, depletion, and amortization	617,846.	617,846.		
23 Insurance	235,654.	183,423.	50,235.	1,996
4 Other expenses. Itemize expenses not covered				F 15 7 1 3 5
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column		And Annual Section 1990		
(A) amount, list line 24e expenses on Schedule O.)	The Display			
aDIRECT CARE	2,631,228.	2,584,855.	7,694.	38,679
bPROFESSIONAL MEDICAL FEES	584,927.	584,927.		
cTRAINING	286,332.	196,349.	85,364.	4,619
dBAD DEBT EXPENSE	266,515.	266,515.		
e All other expenses	351,126.	216,300.	104,548.	30,278
25 Total functional expenses. Add lines 1 through 24e	28,504,006.	24,970,318.	2,700,039.	833,649
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part >				[V]
	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	0
2	Savings and temporary cash investments	3,716,572.	2	7,465,331.
3	Pledges and grants receivable, net	3,842,168.	3	3,641,703.
4	Accounts receivable, net	34,225.	4	40,798
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			5.00
"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
ر ا	Notes and loans receivable, net	8,563,750.	7	8,563,750
Assets 8 8	Inventories for sale or use	0.	8	0
Y 9	Prepaid expenses and deferred charges	189,842.	9	275,067
	a Land, buildings, and equipment: cost or other			
'''	basis. Complete Part VI of Schedule D 10a 15,527,394.			
١.	Less: accumulated depreciation	8,620,572.	100	8,126,573
11	Investments - publicly traded securities	0.		0
12		0.	12	0
ı	Investments - other securities. See Part IV, line 11	0.	13	0
13	Investments - program-related. See Part IV, line 11	0.	14	0
14	Intangible assets	223,244.	15	283,542
15	Other assets. See Part IV, line 11	25,190,373.	16	28,396,764
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,595,943.	17	1,511,683
17	Accounts payable and accrued expenses	0.	18	0
18	Grants payable	242,155.	19	94,717
19	Deferred revenue,	242,133.		0
20	Tax-exempt bond liabilities	0.		0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	0
ဖ္ဆ 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0
<u> </u>	controlled entity or family member of any of these persons	5,789,489.		5,603,524
23	Secured mortgages and notes payable to unrelated third parties	0,769,469.	23	0,000,024
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0		0
4	of Schedule D	0.		7 200 024
26	Total liabilities. Add lines 17 through 25	7,627,587.	26	7,209,924
Sezu	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>ዌ</u> 27	Net assets without donor restrictions	14,172,094.		17,932,771
28	Net assets with donor restrictions,	3,390,692.	28	3,254,069
Net Assets of Fund balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
ਚ 32	Total net assets or fund balances	17,562,786.	32	21,186,840
Ž 33	Total liabilities and net assets/fund balances	25,190,373.		28,396,764

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Form 99	90 (2020)			Pa	ge 12
Part	XI Reconciliation of Net Assets		1		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				\square .
_ 1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,1	28,0	060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,5	04,0	006.
□ 3	Revenue less expenses. Subtract line 2 from line 1	3	3,6	24,0)54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,5	62,	786.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8		,	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	21,1	86,8	340.
Part	•				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	xplain	in	30 mg	
	Schedule O.			416. Y	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				Lane
	Separate basis Consolidated basis Both consolidated and separate basis		3120		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	а		100
	separate basis, consolidated basis, or both:		U. Tall	1.11	
	Separate basis X Consolidated basis Both consolidated and separate basis		al. \$		
, c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of .		
	the audit, review, or compilation of its financial statements and selection of an independent accounts			Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain d	n l		
	Schedule O.				1.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne l		
	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				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b	Х	
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Nam	e of th	ie organ	nization								Employer identifi	
CHI	RIS		INC								58-14301	
Pa					harity Status. (A							3.
The	orga	anizati	on is n	ot a private t	foundation becaus	e it is: (Fo	or lines 1 throu	gh 12, ch	eck only	one box	.)	
1	Ш		100		churches, or asso						(A)(i).	
2					ection 170(b)(1)(A)			-				
3			•		ive hospital servic	-						
4				_	anization operated	in conjun	ction with a ho	spital de	scribed in	n sectio	170(b)(1)(A)	(iii). Enter the
		•		ime, city, and								
5			-	•			ege or universi	ty owner	d or ope	erated by	, a governme	ntal unit described in
					. (Complete Part II.	•						
6	 				government or go							
7	X		_					ipport tre	om a go	vernmer	ital unit or ire	om the general public
)(b)(1)(A)(vi). (Cor			- Dank III \				
8	\vdash				ribed in section 17					lin coni	inction with a	land arent collogo
9	Ш				organization desc nd-grant college o							land-grant college
				or a non-iar	na-grant conege o	agricultu	re (see msuuc	uons). Ei	inter the	name, c	ly, and state of	the college of
10		unive		tion that nor	mally receives (1)	more tha	n 331/2 % of ite	support	from cor	ntribution	ns membersh	in fees and aress
10		receip	ots from	n activities r	related to its exem stment income an	pt function	ns, subject to c	ertain ex	ceptions	s; and (2) no more than	331/3 % of its
		suppo	ort from	n gross inve	stment income an ation after June 30	d unrelate	ed business tax	able inco	ome (les	s section	511 tax) from	businesses
11		•		_	ed and operated e							
12	Н											arry out the purposes
			-	200	•	-						ee section 509(a)(3).
				1979								nes 12e, 12f, and 12g.
а		_							_			typically by giving
_					ation(s) the power	-		-				
			69	•	n. You must com	_			, ,			
b					organization super		100		with its	suppor	ted organization	on(s), by having
												age the supported
				-	ust complete Par							
С		Тур	e III fu	nctionally in	ntegrated. A supp	orting org	anization opera	ated in c	onnectio	n with, a	and functional	ly integrated with,
	_	_ its s	support	ted organiza	tion(s) (see instruc	tions). Yo	u must comple	te Part I	V, Section	ons A, D	, and E.	
d		_ Тур	e III no	on-functiona	ally integrated. A s	supporting	g organization o	perated	in conne	ection w	ith its suppor	ted organization(s)
		that	is not	functionally	integrated. The or	ganizatio	n generally mus	st satisfy	a distrib	oution re	quirement and	d an attentiveness
	-	requ	uireme	nt (see instr	ructions). You mus	t complet	e Part IV, Sect	ions A a	nd D, an	d Part V	•	
е	L				rganization receiv						Type I, Type I	I, Type III
					or Type III non-fu			porting o	organizat	tion,		(
f					ted organizations ,					• • • • •		• • • • • • • • • • • • • • • • • • • •
_ <u>g</u>					ation about the su	The second	•	I		T		
	(I) N	ame of	supporte	d organization	(ii) EIN		pe of organization ribed on lines 1-10		organization ur governing		unt of monetary pport (see	(vi) Amount of other support (see
						above	(see instructions))	docu	ment?		structions)	instructions)
_			_					Yes	No			
(A)												
=		*					111.10					
(B)												
(C)												
/D'												
(D)	8	2001				_0.0						
(E)										ŀ		
(E)												
Tot	al											
								1		1		

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

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020						Page 2
Pai	(Complete only if you checke Part III. If the organization fai	d the box on I	ine 5, 7, or 8 c	of Part I or if th	ne organizatio	n failed to gua	(vi) lify under
Sec	tion A. Public Support	to quality at	ider the tests h	stea below, p	icase comple	te Fait III.)	
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	N	, , , , , , , , , , , , , , , , , , , ,		V-7	(4) - 0 / 0	(0) 2020	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	6,274,509.	7,951,315.	5,523,604.	6,908,934.	10,988,565.	37,646,927.
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					-	0
4	organization without charge Total. Add lines 1 through 3	6,274,509.	7,951,315.	5,523,604.	6,908,934.	10,988,565.	0.
5	The portion of total contributions by	f (peu)			0,500,554.	10,900,303.	37,646,927.
•	each person (other than a		RE LONG OR				
	governmental unit or publicly		£ 4.		A LEGISLANIA DE CONTRA LA		
	supported organization) included on line 1 that exceeds 2% of the amount	NEW THE	468 - 9		10 100 05 10 N	identicita signica pridata programa	
_	shown on line 11, column (f)	distance in					7,516,063.
6	Public support. Subtract line 5 from line 4		No. 7 (Constitution			是是大学是 数 据	30,130,864.
	tion B. Total Support	(-) 2016	(5) 2047	4-> 0040			
7	ndar year (or fiscal year beginning in)	(a) 2016 6,274,509.	(b) 2017 7,951,315.	(c) 2018 5,523,604.	(d) 2019	(e) 2020 10,988,565.	(f) Total
8	Gross income from interest, dividends,	0,2,4,30).	7,551,515.	3,323,004.	6,908,934.	10,900,303.	37,646,927.
1	payments received on securities loans,			ĺ			
	rents, royalties, and income from similar sources	2,159.	17, 335.	128,636.	160,335.	136,872.	445,337.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0.	:	0.
ş.					2.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						38,092,264.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	77,309,287.
13	First 5 years. If the Form 990 is for	the organization	on's first, second,	third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop here	4.5				<u> </u>	▶
	tion C. Computation of Public Sup		·	44 (0)			79.10%
14 15	Public support percentage for 2020 (line Public support percentage from 2019)						79.10%
	331/3% support test - 2020. If the org						
, ou	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org			-			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets			_	·-		
	organization						
b	10%-facts-and-circumstances test - 2	-			-		
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets						
18	organization						
. 0	instructions						
						chedule A (Form 9	

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.)

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .					1	
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						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support, (Subtract line 7c from					7-01-7	
	line 6.)				W		
Sec	tion B. Total Support					, ,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,			·			
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						
	loss from the sale of capital assets				1		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				550	L	5044 1401
14	First 5 years. If the Form 990 is fo	•					````
500	organization, check this box and stop here tion C. Computation of Public Sup						• • • • • • • • • • • • • • • • • • • •
15	Public support percentage for 2020 (line 8			ımn (fl)		15	%
16	Public support percentage from 2019 Scho	D 100 100	- 111			 	
	tion D. Computation of Investmen		*			1	
17	Investment income percentage for 2020 (II			13. column (f))		17	%
18	Investment income percentage from 2019	A.1					
	33 1/3 % support tests - 2020. If the o						
	17 is not more than 331/3 %, check this						
ь	33 1/3 % support tests - 2019. If the org						
~	line 18 is not more than 331/3%, check				10		
20	Private foundation. If the organization			= g 11 55 mm	U. 01		. —
				TON COF		Schedule A (Form 9	
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Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	Organizations
------------	-----	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
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).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	100	
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	Fry Asis	
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 .	6		
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).	7		
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).	8		
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 .	9a		
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.	9b		30 m. 1
С	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.	9с		
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 line 10b below.	10a		

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Schedule A (Form 990 or 990-EZ) 2020

determine whether the organization had excess business holdings.)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedu	le A (Form 990 or 990-EZ) 2020		F	Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	12.		1 =
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	Sir-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			-
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, 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? If "Yes," explain in Part 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	-		
	on on the state of		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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	itructi	ons).	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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 Part VI identify 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>If "Yes" or "No," 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 Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganization	S	
1 Check here if the organization satisfied the Integral Part Test as a qual	fying trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	anizations i	nust complete Section	ns A through E.
Section A - Adjusted Net Income	2	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		21
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount plained for blockers or allow forters (audain in datail in Dad III)			
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	. 5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	X		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	property fact the property	=
2 Enter 0.85 of line 1.	2		(A)
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		10.
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		4
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	14		5W
emergency temporary reduction (see instructions).	6		3.
7 Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supportin	g organization
(see instructions).			•

Schedule A (Form 990 or 990-EZ) 2020

Page 7

	le A (Form 990 or 990-EZ) 2020	D	ione (continued)		Page
Part	Type III Non-Functionally Integrated 509(a)(3) on D - Distributions	Supporting Organizat	ions (commueu)		Current Year
		compt purposes		1	Current real
1	Amounts paid to supported organizations to accomplish ex		nd	+-1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	eu		
	organizations, in excess of income from activity	- tions	2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organic	zations	3	
4	Amounts paid to acquire exempt-use assets	unida dataila in DartiA		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	41		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions				
3	Excess distributions carryover, if any, to 2020		***		
а	From 2015		Sur at		S-107
b	From 2016	71-241,			
С	From 2017	Kale 2 1290			
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e	*			
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
Ť	Carryover from 2015 not applied (see instructions)			_	is 3 si
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	AR 1012 A 10 10 10 10 10 10 10 10 10 10 10 10 10			-
4	Distributions for 2020 from				
7	Section D, line 7: \$				
_	Applied to underdistributions of prior years	1-0113		-	
a	Applied to 2020 distributable amount			_	
b	Remainder. Subtract lines 4a and 4b from line 4.				
C				-	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
•	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in			- 1	
	Part VI. See instructions.			-	
7	Excess distributions carry over to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Employer identification number

CHRIS 180, INC.		58-1430183						
Organization type (check o	ne):							
Filers of:	Section:							
Form 990 or 990-EZ	X 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 fou	ndation						
	501(c)(3) taxable private foundation							
Note: Only a section 501(c) instructions. General Rule	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and one of the content of th							
or more (in mone contributor's tota	y or property) from any one contributor. Complete Parts I and II. See instru	~						
Special Rules								
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contribut 6 of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line ions of the greater of (1)						
contributor, durin literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
contributor, durin contributions tota during the year fo General Rule app	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
990-EZ, or 990-PF), but it m	nat isn't covered by the General Rule and/or the Special Rules doesn't file s nust answer "No" on Part IV, line 2, of its Form 990; or check the box on I , to certify that it doesn't meet the filing requirements of Schedule B (Form	ine 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) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CHRIS 180, INC.

Employer identification number 58-1430183

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 275,655.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$ 371,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$ 890,470.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$ 2,600,149.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 58-1430183

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$ 1 ,429,041.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
88	N/A	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9	N/A	\$ \$ 410,298.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	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.)

 $\frac{\text{Schedule B (Form 990, 990-EZ, or 990-PF) (2020)}}{\text{Name of organization}} \quad \text{CHRIS 180, INC.}$

Employer identification number

58-1430183

Part II	Noncash Property (see instructions). Use duplicate copies	or Part II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	76 TABLETS		
5			
		\$\$.	04/14/2020
(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

Employer identification number

Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organizatio contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional copies of Pa	he year from any ons completing Part year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transf I ZIP + 4	_	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transf I ZIP + 4		nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
16						
	Transferee's name, address, and	(e) Transf I ZIP + 4	-	nship of transferor to transferee		

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

• Section 527 organizations: Complete Part I-A only.

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

•	Section 501(c)(3) organizations	that have filed Form 5768 (election	under section 501(h)): C	Complete Part II-A. Do not con	nolete Part II-R
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (ele	ction under section 501((h)): Complete Part II-B. Do no	of complete Part II-A
If the	e organization answered "Yes,"	on Form 990, Part IV, line 5 (Pro-	xy Tax) (See separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
(ax)	(See separate instructions), the	n			
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.			100
	- ·				ntification number
	RIS 180, INC.		41 - 5044 1	58-143	
		organization is exempt unde			
1		organization's direct and indirect	t political campaign	activities in Part IV. (See i	nstructions for
	definition of "political campa	•			
2	Political campaign activity e	xpenditures (See instructions) .		▶ \$	
3	Volunteer hours for political	campaign activities (See instruc	tions)		
	t I-B Complete if the c	organization is exempt unde	r section 501(c)(3)	•	7
1	Enter the amount of any exc	cise tax incurred by the organiza	tion under section 49	55 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization	managers under sec	tion 4955 ▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file For	m 4720 for this year?) 	. Yes No
4a	Was a correction made?				Yes No
فنصفته	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt unde	er section 501(c), e	except section 501(c)(3).
1		xpended by the filing organizati			
2		g organization's funds contribute			
_	527 exempt function activiti	es			
3	line 17b	enditures. Add lines 1 and 2. E		▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			. Yes No
- 5	Enter the names, addresses	and employer identification nur	nber (EIN) of all sect	tion 527 political organiza	ations to which the filing
	organization made payment	s. For each organization listed,	enter the amount pa	id from the filing organiz	ation's funds. Also enter
		ributions received that were prond or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Tarida: Il Harlo, Cittar a .	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(2)					
(3)					
(0)					
(4)					
(7)			-		
(5)					
(5)			\dashv		
/6\					
(6)					
For 6	Panerwork Reduction Act Notice	see the Instructions for Form 990	or 990-F7	Sahadul	0 C /Form 990 or 990 F71 2020

Pa	cart II-A Complete if the organ section 501(h)).	ization is exe	mpt under section	n 501(c)(3) and	filed Form 5768 (elec	tion under			
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 organizati	on checked box	A and "limited control	ol" provisions app	ly.				
	Limits on (The term "expenditure	Lobbying Expension		.)	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influ	ence public opi	nion (grassroots lobb	ying)					
t	Total lobbying expenditures to influ	ence a legislati	ve body (direct lobby	ing)					
C	: Total lobbying expenditures (add li	nes 1a and 1b) .		[
C	Other exempt purpose expenditure	s							
6	Total exempt purpose expenditure	s (add lines 1c a	nd 1d)						
f	Lobbying nontaxable amount. En columns.	ter the amount	from the following	table in both					
	If the amount on line 1e, column (a) or	(b) is: The lobby	ing nontaxable amount	is:					
	Not over \$500,000	20% of the	amount on line 1e.						
	Over \$500,000 but not over \$1,000,00	0 \$100,000	olus 15% of the excess	over \$500,000.	24 - 7 - 7				
	Over \$1,000,000 but not over \$1,500,	000 \$175,000	olus 10% of the excess	over \$1,000,000					
	Over \$1,500,000 but not over \$17,000	,000 \$225,000	olus 5% of the excess of	over \$1,500,000.					
	Over \$17,000,000	\$1,000,00							
	Grassroots nontaxable amount (er								
	Subtract line 1g from line 1a. If zei								
	Subtract line 1f from line 1c. If zero								
j	If there is an amount other than								
	reporting section 4911 tax for this					Yes No			
	(Companying tions that me		eraging Period Unde		to all of the five column	no holou			
	(Some organizations that m					ins below.			
		See the separa	ate instructions for	nnes za through	21.)				
_		Lobbying Expe	enditures During 4-Y	ear Averaging Pe	riod				
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
28	Lobbying nontaxable amount								
t	Lobbying ceiling amount (150% of line 2a, column (e))								
_	: Total lobbying expenditures	9-9-9-5							
•	Grassroots nontaxable amount								
•	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2020

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(1)	
	cription of the lobbying activity.	Yes	No		Amo	ount	
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	SOLETE			
C	Media advertisements?		X				
d	Mailings to members, legislators, or the public?	-	X				
6	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?					16	,500
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х			1.0	, 500
ï			X				
j	Other activities?		Mental			16	,500
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	Tage U.	LAS.	13/55/05	, 500
b	If "Yes," enter the amount of any tax incurred under section 4912	TVSV	71870				
	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?				PI)	31,0=1	ALI PLA
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectio	n		
	501(c)(6).						
						Yes	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?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro						
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501	I-VEV			-		
_		(c)(o)	, or s	ectio	11		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	(c)(s) OR (b	, or s) Par	ection t III-A	, line	3, is	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (b) Par	t III-A	, line	3, is	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b) Par	ection till-A	, line	3, is	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (b) Par	t III-A	, line	3, is	
2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b	o) Par	t III-A	, line	3, is	
2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b	o) Par	t III-A	, line	3, is	
2 a b	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b	o) Par	t III-A	, line	3, is	
a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b	o) Par	1 1 2a 2b	, line	3, is	
2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b	o) Par	1 1 2a 2b 2c	, line	3, is	
2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b	o) Par	1 1 2a 2b 2c	, line	3, is	
2 a b c 3	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	or (b	o) Par	1 1 2a 2b 2c 3	, line	3, is	
2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	or (b	o) Par	1 1 2a 2b 2c 3	, line	3, is	
2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	2a 2b 2c 3	, line		
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and
b c 3 4 5 Par Prov 2 (Se	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 5 Par Prov 2 (Se	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and
a b c 3 4 Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the interest of	OR (b	o) Par	2a 2b 2c 3	, line		and

FORM 990, PART II-B, LINE 1G

Part IV Supplemental Information (continued)

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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CHRIS 180, INC. 58-1430183 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.............. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8, If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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Assets included in Form 990, Part X...............

Schedule D (Form 990) 2020

Page	2
	_

Pa	rt III Organizations Maintainin										
3	Using the organization's acquisition	, accession, and o	ther record	ds, check	any of	the	following that	make sign	nificant	use of it	IS
	collection items (check all that apply)) t:		0							
а	Public exhibition		d	Loan o	r excha	nge	program				
b	Scholarly research		е	Other							
С	Preservation for future genera	tions	.,								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								irt		
-	XIII.		•		•		_	·			
5	During the year, did the organization	solicit or receive d	onations of	f art. histo	orical tre	asur	es, or other sin	nilar			
•	assets to be sold to raise funds rathe								Yes	N C	lo
Pa	rt IV Escrow and Custodial Ari				<u> </u>						_
	Complete if the organizati 990, Part X, line 21.	on answered "Ye							nt on Fo	orm	
1 a	Is the organization an agent, truste										
	included on Form 990, Part X?							L	Yes	N	ю
b	If "Yes," explain the arrangement in							1.75		No. of the last	
					Γ			Amount			
С	Beginning balance				[1c					
d	Additions during the year										
е	Distributions during the year										_
f	Ending balance					$\overline{}$					_
	Did the organization include an amo						stodial account	liability?	Yes	I N	lo
	If "Yes," explain the arrangement in								 		
	rt V Endowment Funds.										_
ια	Complete if the organizati	on answered "Ye	s" on Forr	n 990: F	Part IV. I	line	10.				
	- Complete in the organization	(a) Current year	(b) Prior		(c) Two			e years back	(e) Four	r years bac	-k
		4,813,064.		5,746.	(-)	,	(4)	7,02,0 0.20,11			
1 a	V 20 05 0 0 0	2,017,786.		7,478.							_
þ	Contributions	2,017,700.	2,41.	7,470.							_
C	Net investment earnings, gains,						f				
	and losses										_
d	Grants or scholarships										_
е	Other expenditures for facilities	· · · · · · · · · · · · · · · · · · ·									
	and programs	1,944,594.	2,12	3,160.							_
f	Administrative expenses										_
g	End of year balance	4,886,256.	4,813	3,064.							_
2	Provide the estimated percentage o	f the current year e	end balance	e (line 1g,	column	(a)) l	held as:				
а	Board designated or quasi-endowme	ent ▶ 33.4000	_%	,							
	Permanent endowment >	%									
С	Term endowment ► 66.6000 9	6									
	The percentages on lines 2a, 2b, an		00%.								
3a	Are there endowment funds not in the			tion that	are held	and	l administered f	or the			
	organization by:								[Yes N	0
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
h	If "Yes" on line 3a(ii), are the related								3b		_
4	Describe in Part XIII the intended us	-									_
	AVI Land Buildings and Equi	nment				200					
ı a	Complete if the organizat	ion answered "Ye	es" on For	m 990, f	Part IV,	line	11a. See For	m 990, Pa	art X, Iir	ie 10.	_
	Description of property	(a) Cost or		(b) Cost of		sis	(c) Accumulated depreciation	(0	d) Book va	alue	
	Land	(invest	inent)		ther) 317,59	6	depreciation		9	17,59	6
1a	Land				92,45	_	4,981,048	3		11,408	
b	Buildings				881,18	\rightarrow	724,462			56,718	
C	Leasehold improvements				104,53		286,438			18,10	
d	Equipment									22,750	_
<u>e</u>	Other		000 5		31,62		1,408,873	_			_
Tota	II. Add lines 1a through 1e. (Column	a) must equal Fom	n 990, Part	x, columi	n (B), lin	e 10	C.)			26,573	-
								Sched	iule D (Fo	rm 990) 2	020

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

1	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 99	0, 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 X JSA 0E1270 1,000

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Schedule D (Form 990) 2020

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
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:		
	Net unrealized gains (losses) on investments		
a	Donated services and use of facilities		
b	Recoveries of prior year grants		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2e	
_	Subtract line 2e from line 1	3	
3		1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4c	
С 5	Add lines 4a and 4b	5	
Part			
T ATT.	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part .	XIII Supplemental Information.		
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	art V,	line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	iation.	
SEE	PAGE 5		
		nesi	
2.			
200			
le le			

Part XIII Supplemental Information (continued)

ASC-740-10 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE, NO PROVISION

FOR INCOME TAXES IS REQUIRED. IN ADDITION, THE ORGANIZATION HAS BEEN

DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE

FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. IN 2007,

THE ORGANIZATION RECEIVED APPROVAL FROM THE IRS THAT IT WAS CONSIDERED

TO BE A PUBLIC CHARITY UNDER SECTION 509(A)(1) AND 170(B)(1)(A)(VI)

OF THE INTERNAL REVENUE CODE, SINCE IT RECEIVES A SUBSTANTIAL PART OF

ITS SUPPORT FROM GOVERNMENTAL GRANTS AND THE GENERAL PUBLIC.

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

SCHEDULE D, PART V, LINE 4

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 58-1430183 CHRIS 180, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations а Solicitation of government grants h Internet and email solicitations f Special fundraising events Phone solicitations g C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (ii) Activity custody or control of fundraiser listed in or entity (fundraiser) from activity contributions? organization Yes No 1 2 3 5 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

			(a) Event #1 CHRISTAL BALL	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
47			(event type)	(event type)	(total number)	col. (c))
Revenue	4	Canan manainta	401 076			
eve	1	Gross receipts	491,976.			491,976
œ	2	Less: Contributions	481,707.			481,707
		line 2)	10,269.			10,269
	4	Cash prizes				
	5	Noncash prizes				
nses		Rent/facility costs	!			
Direct Expenses		Food and beverages				32,418
Direct	8	Entertainment	37,256.			37,256
g.	9	Other direct expenses	45,294.			45,294
4	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		114,968
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)		-104,699
Pa	rt I	Gaming. Complete if the org	anization answered "`	Yes" on Form 990, F	Part IV, line 19, or	reported more than
· u						
		\$15,000 on Form 990-EZ, lin	ne 6a.	455 877 8 77		
		\$13,000 OH FORM 990-EZ, IIII	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo			(d) Total gaming (add
Revenue		Gross revenue	(a) Bingo			(d) Total gaming (add
Revenue	2		(a) Bingo			(d) Total gaming (add
irect Expenses Revenue	2	Gross revenue	(a) Bingo	bingo/progressive bingo		(d) Total gaming (add
Revenue	3 4	Gross revenue Cash prizes Noncash prizes	(a) Bingo	bingo/progressive bingo		(d) Total gaming (add
irect Expenses Revenue	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo Yes%		(d) Total gaming (add col. (a) through col. (c))
irect Expenses Revenue	2 3 4 5	Gross revenue	(a) Bingo	Yes%	(c) Other gaming Yes%	(d) Total gaming (add col. (a) through col. (c))
irect Expenses Revenue	2 3 4 5 6 7	Gross revenue	Yes % No	Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
irect Expenses Revenue	2 3 4 5 6 7	Gross revenue	Yes % No	Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
ω Direct Expenses Revenue	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su	Yes % No ses 2 through 5 in column subtract line 7 from line anization conducts gar	Yes% No 1, column (d)	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the org Is the organization licensed to con	Yes % No ses 2 through 5 in column subtract line 7 from line anization conducts gar	Yes% No nn (d) 1, column (d) ming activities: in each of these state	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
ω Direct Expenses Revenue	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the org Is the organization licensed to con	Yes % No ses 2 through 5 in column subtract line 7 from line anization conducts gain duct gaming activities	Yes% No mn (d) 1, column (d) ming activities: in each of these state	Yes % No	(d) Total gaming (add col. (a) through col. (c))

CHRIS 180, INC	
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Sched	ule G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
-	formed to administer charitable gaming?
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	
	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 ►
	Addrage N
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	District of Warren District Control of Contr
	Director/officer Employee Independent contractor
	Mary distance (Parille albane)
17	Mandatory distributions:
а	
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Раг	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) 2020

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

CHRIS 180, INC.

Partl

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2020

Open to Public Inspection

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

► Attach to Form 990.

Employer identification number 58-1430183 X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance

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

י מינידי, יייול ביי, וכן מוון וכיוףוכיוו גוומנוכטונטו			פסס: ו מוניו סמון ב	o dapinoarea ii o		coaca:	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHRIS 180 SUPPORT ORGANIZATION, INC							
1030 FAYETTEVILE ROAD ATLANTA, GA 30316	82-4568175	501(C)(3)	14, 197.		FMV		SUPPORT
(2)							
(3)							
(4)							9
(5)							
							10
(9)							
(2)							
	Т				-		
(8)							
(6)							
(10)							
(11)				(4)			
(12)							
2 Enter total number of section 501(c)(3) and government or	government o	rganizations list	rganizations listed in the line 1 table	e		A	1
3 Enter total number of other organizations listed in the line	sted in the line	1 table				A : : : : : : : : : : : : : : : : : : :	

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

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Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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. Part III

	ade incomen il personaling on tipo il tipo					
	(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
					Z .	
-						
2						
m						
4						Ó
S.						
g						
7						
Part IV	Part IV Supplemental Information. Provide the infor information.	nformation re	quired in Part I,	line 2, Part III, o	mation required in Part I, line 2, Part III, column (b); and any other additional	ther additional
PART I						

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

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

Schedule I (Form 990) (2020)

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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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Name of the organization CHRIS 180, INC. ► Attach to Form 990.

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

58-1430183

Employer identification number

Par	Questions Regarding Compensation		27 11	
			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.	ASIN		187
	First-class or charter travel Housing allowance or residence for personal use	1683	i de la companya de l	36
	Travel for companions Payments for business use of personal residence	100	61	/rti
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			FY.L
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			16.1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		J. Britis	
	or reimbursement or provision of all of the expenses described above? If "No." complete Part III to			
2	explain	1b	Layer Tr	
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	DIE	29.0	
	1a2			
•	1a?	2	LATES.	GI BO
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		TE I	-31
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		ALVO I	
	Compensation committee Written employment contract		1,874	PERSON
	Independent compensation consultant X Compensation survey or study	100		
	X Form 990 of other organizations X Approval by the board or compensation committee		1911	
				175
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:			No.
а		4a	-0.07(1)	х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	198	JUA/I	. 9.
	, and the same process and approach and the same in th		NV A	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	Vital di		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	强度		
	compensation contingent on the revenues of:			PAI
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.	81E	1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	12		
	compensation contingent on the net earnings of:	进港	194	Mark I
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	unik di		W.
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	(Albert	and the	
	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			F1
_	in Part III	8	100	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	SEVE	Harry.	11
	Regulations section 53.4958-6(c)?	i a l	ł	ı

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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.

		(B) Breakdown of W-2	T VV-Z and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
KATHERINE COLBENSON	6	298, 193.	0	0	26,779.	6,512.	331,484.	0
PRESIDENT & CEO	: €	0	0	0	0	0	0	.0
1111	€	213,232.	0	0	18,000.	7,910.	239,142.	0
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Schedule J (Form 990) 2020

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.

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Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHRIS 180, INC.

► Attach to Form 990.

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

Employer identification number

58-1430183

Par	Types of Property				,			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							- 0
2	Art - Historical treasures						renec	
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods		1000	- 1/0-1				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		1	2 661	TIME			
9	Securities - Publicly traded		1.	2,661.	FMV		-	
10	Securities - Closely held stock				_			
11	Securities - Partnership, LLC,							
	or trust interests			3-22				
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								
23	Scientific specimens							
24	Archeological artifacts			0.10.650				
25	Other ►(ATCH 1)		275.	349,678.			.,	
26	Other ►()							
27	Other ►()							
28	Other ►(245.07
29	Number of Forms 8283 received		•					
	which the organization completed i	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least the	hree years t	rom the date of the initial	contribution, and which is				
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31	X	
32a	Does the organization hire or use	e third part	ies or related organization	ns to solicit, process, or s	sell noncash			
	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a) is checked,			

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

Schedule M (Form 990) 2020

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.

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
MISCELLANEOUS GOODS	Х	275.	349,678.	FMV
TOTALS	=	275.	349,678.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

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

Employer identification number 58-1430183

FORM 990, PART III, LINE 4D THE CHRIS TRAINING INSTITUTE: THE CHRIS TRAINING INSTITUTE PROVIDES HIGH QUALITY TRAINING WITH A FOCUS ON TRAUMA INFORMED CARE, CHILD ABUSE PREVENTION, DIVERSITY AND INCLUSION. TRAINING IS PROVIDED WITH THE INTENT OF EXPONENTIALLY EXPANDING IMPACT IN THE AREAS OF CLINICAL PROFESSIONAL SERVICES, HUMAN SERVICES, CHILD WELFARE, JUVENILE JUSTICE, AND FAMILY WELFARE, WHILE PROMOTING PREVENTION AND INCREASING AWARENESS OF THE IMPORTANCE OF TREATING TRAUMA, MENTAL HEALTH AND ADDICTION AS WISE INVESTMENTS IN THE FUTURE. DURING 2020, 3,825 UNDUPLICATED EXTERNAL INDIVIDUALS ATTENDED TRAININGS. TRAUMA STARS IS CHRIS 180'S SIGNATURE TRAUMA TRAINING PROGRAM UTILIZING THE EVIDENCE-BASED ATTACHMENT, REGULATION AND COMPETENCY FRAMEWORK. CHRIS 180 ADAPTED TO THE PANDEMIC AND OFFERED MOST TRAININGS VIRTUALLY INCLUDING TRAUMA TRAINING PROVIDED FOR 1,395 SCHOOL PERSONNEL AND SECONDARY TRAUMA TRAININGS WHICH WERE PROVIDED TO EMPLOYEES OF NON-PROFITS. SCHOOLS AND SERVICE PROVIDERS, (SUCH AS THE YMCA, GOODWILL, NAMI, KIPP SCHOOLS) AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES. YOUTH/ADULT MENTAL HEALTH FIRST AID AND CLINICAL PROFESSIONAL COURSES SUCH AS MOTIVATIONAL INTERVIEWING, ETHICS, EMDR (A TRAUMA THERAPY), PLAY THERAPY, TRAUMA ASSESSMENTS, AND COMPREHENSIVE CHILD AND FAMILY ASSESSMENT TRAININGS WERE PROVIDED OVER THE COURSE OF 2020 TO BOTH INTERNAL AND EXTERNAL PARTICIPANTS. SPECIALIZED TRAINING WAS PROVIDED TO 653 STAFF PARTICIPANTS AS WELL AS 3,825 EXTERNAL PARTICIPANTS IN AREAS RANGING FROM TRAUMA INFORMED PRACTICE, PROFESSIONAL CLINICAL

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

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

0F1228 1.000

Name of the organization CHRIS 180, INC.

Employer identification number 58-1430183

FOUR CHRIS 180 PROGRAMS.

FORM 990, PART VI, LINE 11B

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

COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW, PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

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

ALL ALLEGATIONS ARE INVESTIGATED. MONTHLY REPORTS ARE RECEIVED FROM THE NETWORK, REVIEWED BY A MEMBER OF SENIOR MANAGEMENT AND RETAINED FOR FURTHER NEEDS.

FORM 990, PART VI, LINE 15A

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

WITH SIMILAR ORGANIZATIONS WITH COMPARABLE COMPLEXITY, SIZE AND

SERVICES.

FORM 990, PART VI, LINE 15B

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

WITH SIMILAR ORGANIZATIONS WITH COMPARABLE COMPLEXITY, SIZE AND SERVICES.

FORM 990, PART VI, LINE 19 FINANCIAL STATEMENTS ARE LISTED ON THE ORGANIZATION'S WEBSITE; GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST.

FORM 990, PART VIII, LINE 1E IN MAY 2020, THE ORGANIZATION OBTAINED A SMALL BUSINESS ADMINISTRATION ("SBA") LOAN UNDER THE PAYCHECK PROTECTION PROGRAM ("PPP") TOTALING \$2,600,149. THE PPP LOAN BEARS INTEREST AT 1.00% AND MAY REQUIRE REPAYMENT UNDER CERTAIN CIRCUMSTANCES. UNDER THE TERMS OF CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT (THE "CARES ACT"), THE ORGANIZATION MAY APPLY WITH THE LENDING INSTITUTION FOR PPP LOAN PROCEEDS USED WITHIN A SPECIFIED TIME PERIOD TO BE FORGIVEN, PROVIDED THE PROCEEDS ARE USED TO COVER CERTAIN PAYROLL AND OTHER EXPENSES AS DEFINED BY THE CARES ACT. THE ORGANIZATION INTENDS FOR THE LOAN TO BE FORGIVEN AND HAS TREATED THE LOAN AS A CONDITIONAL GRANT, RECORDING REVENUE AS QUALIFYING EXPENSES ARE INCURRED. AS OF DECEMBER 31, 2020, THE ORGANIZATION HAS UTILIZED ALL PPP FUNDING ON QUALIFYING EXPENSES AND ACCORDINGLY HAS RECORDED AS A CONTRIBUTION WITHIN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE FULL AMOUNT. THE ORGANIZATION INTENDS ON APPLYING FOR COMPLETE LOAN FORGIVENESS IN 2021 AND EXPECTS THE PPP FUNDS TO BE FORGIVEN IN FULL.

Name of the organization CHRIS 180, INC.

Employer identification number 58-1430183

ATTACHMENT 1

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

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

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

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

ATTACHMENT 1 (CONT'D)

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

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

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

ATTACHMENT 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 Name of the organization CHRIS 180, INC.

Employer identification number 58-1430183

ATTACHMENT 2 (CONT'D)

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

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

DURING 2020, COUNSELING WAS PROVIDED TO 8,447 INDIVIDUALS ACROSS

Employer identification number 58-1430183

ATTACHMENT 2 (CONT'D)

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

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

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

Name of the organization CHRIS 180, INC.

Employer Identification number 58-1430183

ATTACHMENT 2 (CONT'D)

FROM TRAUMA. THE SHARED COLLECTIVE TRAUMA OF THE PANDEMIC BECAME THE BACKDROP AND THE QUICKSAND FOR PRE-EXISTING TRAUMA AND THE MANY LOSSES AND ADDITIONAL TRAUMAS SUFFERED BY PEOPLE DURING THE PANDEMIC. MUCH OF THE WORK BECAME VIRTUAL ALTHOUGH THERAPISTS CONTINUED TO MEET THE NEEDS OF CLIENTS WHO NEEDED TO BE SEEN IN PERSON USING PPE AND OTHER PRECAUTIONS. THERAPISTS AT CHRIS 180 UTILIZE 27 DIFFERENT EVIDENCED BASED TREATMENT MODALITIES TO ENSURE PEOPLE RECEIVE THE INDIVIDUALLY TAILORED ASSISTANCE THEY NEED TO HELP THEM DEVELOP THE SKILLS REQUIRED TO BUILD PERSONAL RESILIENCY AND SUSTAIN RECOVERY. THERAPISTS USE THEIR SKILLS TO HELP PEOPLE BUILD RESILIENCY AND HEAL FROM PAST SEXUAL ABUSE, PHYSICAL ABUSE AND/OR OTHER ADVERSE CHILDHOOD/LIFE EXPERIENCES. PARTNERSHIPS WITH THE MOREHOUSE SCHOOL OF MEDICINE AND THE EMORY UNIVERSITY MEDICAL SCHOOL ENABLE PSYCHIATRIC FELLOWS TO FURTHER THEIR TRAINING. PARTNERSHIPS WITH SEVERAL COLLEGES PROVIDE SUPERVISED INTERNSHIP EXPERIENCES FOR MASTERS LEVEL CLINICAL INTERNS.

TELEPSYCHIATRY AND TELECOUNSELING WERE PROVIDED VIRTUALLY AND OUT OF LOCATIONS INCLUDING: THE CHRIS COUNSELING CENTER IN ATLANTA; THE CHRIS COUNSELING CENTER IN DEKALB COUNTY; ADAMSVILLE HEALTH CENTER, OAKHILL FAMILY AND CHILDREN CENTER, AT PROMISE CENTER, WESTSIDE EMPOWERMENT CENTER AND NORTH FULTON ANNEX IN FULTON COUNTY; THE CHRIS COUNSELING CENTER IN GWINNETT COUNTY; 72 SCHOOLS IN THE CITY OF ATLANTA,

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

ATTACHMENT 2 (CONT'D)

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

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

ATTACHMENT 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

Name of the organization CHRIS 180, INC.

Employer identification number 58-1430183

ATTACHMENT 3 (CONT'D)

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

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

ATTACHMENT 3 (CONT'D)

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

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

COMMUNITY PARTNERSHIPS: IN ORDER TO ENHANCE SERVICES TO POPULATIONS WITH NEED WHILE AVOIDING DUPLICATION OF SERVICES, Name of the organization CHRIS 180, INC.

Employer identification number 58-1430183

ATTACHMENT 3 (CONT'D)

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

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

ATTACHMENT 3 (CONT'D)

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

ATTACHMENT 4

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

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

HOUSING SERVICE COMPONENTS INCLUDE STREET OUTREACH, CHRIS 180'S

Name of the organization CHRIS 180, INC.

Employer identification number 58-1430183

ATTACHMENT 4 (CONT'D)

DROP-IN-CENTER, EMERGENCY RENTAL AND UTILITY ASSISTANCE,

EMERGENCY/TRANSITIONAL HOUSING, PERMANENT SUPPORTIVE HOUSING

AT SUMMIT TRAIL APARTMENTS (WHICH IS OWNED AND OPERATED BY CHRIS

180), AND HOUSING IN THE COMMUNITY. THROUGH STREET OUTREACH AND

THE DROP-IN-CENTER, TEENS AND YOUNG ADULTS WHO ARE EXPERIENCING

HOMELESSNESS ARE CONNECTED WITH SUPPORT, COUNSELING, EMERGENCY

ASSISTANCE AND HOUSING. FAMILIES WITH CHILDREN RECEIVED

SUPPORT VIRTUALLY AND THROUGH OTHER LOCATIONS. COUNSELING AND

SUPPORT SERVICES ARE AVAILABLE TO EVERY PERSON TOUCHED BY THESE

SERVICE COMPONENTS AND 90% USE AT LEAST ONE SERVICE.

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

0E1228 1.000

Employer identification number 58-1430183

ATTACHMENT 4 (CONT'D)

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

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

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

Name of the organization CHRIS 180, INC.

Employer identification number 58-1430183

ATTACHMENT 4 (CONT'D)

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

AS A RESULT OF THE PANDEMIC, INDIVIDUALS WHO HAD HOUSING WERE UNDER TREMENDOUS STRESS, AT RISK OF LOSING THEIR HOUSING AND BECOMING HOMELESS WHEN THE EVICTION MORATORIUM WAS LIFTED.

CHRIS 180 RECEIVED FUNDING FROM THE UNITED WAY AS WELL AS OTHER DONORS SO THAT THE OUTREACH AND COMMUNITY HOUSING PROGRAM ALSO WAS ABLE TO ASSIST OVER 350 HOUSEHOLDS WITH RENT, MORTGAGE AND UTILITY ASSISTANCE DURING 2020.

FORM	990.	PART	III.	LINE	4D -	OTHER	PROGRAM	SERVICES
						OTILDIC	LICOLUM	ODICTION

DESCRIPTION

GRANTS

REVENUE

THE CHRIS TRAINING INSTITUTE

1,095,913.

EXPENSES

ATTACHMENT 5

903,048.

1,095,913.

903,048.

TOTALS

ATTACHMENT 6

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

CHRIS 180, INC.

Employer identification number

58-1430183

ATTACHMENT 6 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

NURSING SERVICES QUALITY

NURSING SERVICES

151,000.

463 SILVERTON DR MCDONOUGH, GA 30252

SERVICES OF AMERICA, INC HAKIBA WELLNESS

PSYCHIATRY SERVICES

126,750.

P. O. BOX 361887 DECATUR, GA 30036

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

ENDING BOOK VALUE

PREPAID EXPENSES

275,067.

TOTALS

275,067.

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

CHRIS 180, INC.

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

OMB No. 1545-0047 Open to Public 2020

Employer identification number Inspection

58-1430183

(f)
Direct controlling
entity 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. N/A N/A 19,893,247. N/A N/A 5,060,265. 2,745,027. 714,582. (e) End-of-year assets 31,918,409. 244,911. 388,142. 584,189. (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) GA GA GA GA HOUSING OFFICE (b) Primary activity SVC. PROG. SUPP. SUPP. HOMES 46-0567666 46-0916288 45-5219835 46-0909115 GA 30316 GA 30316 (a)Name, address, and EIN (if applicable) of disregarded entity GA GA ATLANTA, ATLANTA, ATLANTA, ATLANTA, CHRIS PROPERTIES GRAHAM CIRCLE, LLC LLC LLC (4) CHRIS HOMES PROPERTIES, (2) CHRIS 180 OPERATIONS, CHRIS PROPERTIES, LLC 1030 FAYETTEVILLE ROAD 1030 FAYETTEVILLE ROAD 1030 FAYETTEVILLE ROAD 1030 FAYETTEVILLE ROAD Partl Part II 3 9 9

Schedule R (Form 990) 2020 (g) Section 512(b)(13) Ŷ × controlled entity? Yes (f) Direct controlling N/A Public charity status (if section 501(c)(3)) 12A (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) ВÀ Primary activity SUPPORT For Paperwork Reduction Act Notice, see the Instructions for Form 990. 82-4568175 ATLANTA, GA 30316 Name, address, and EIN of related organization CHRIS 180 SUPPORT ORGANIZATION, INC 1030 FAYETTEVILLE ROAD 3 4 9 9 8 2

0E13071,000 9179PW 9242 6/16/2021

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Schedule R (Form 990) 2020

(j) General or managing partner? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. amount in box 20 of Schedule K-1 (Form 1065) (i) Code V - UBI (h) Disproportements allocations? (g) Share of end-ofyear assets (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (d)
Direct controlling entity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization Part III

(k) Percentage ownership 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. Yes No ŝ Yes Part IV 9 2 ମ 4 9 2 Ξ

Percentage Section (1) controlled entity?

Ves No (g) Share of end-of-year assets (f) Share of total income (e)
Type of entity
(C corp., S corp., or trust) (d)
Direct controlling
entity (c) Legal domicile (state or foreign (b) Primary activity (a) Name, address, and EIN of related organization

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Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 Method of determining Yes × amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. **1**p 1 79 E <u>ء</u> 무 Ξ * 1 9 4 19 + Ş Dividends from related organization(s) FMV FMV Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 136,000. 14,197 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity........... ф ¥ 1 Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s). Name of related organization INC CHRIS 180 SUPPORT ORGANIZATION, INC SUPPORT ORGANIZATION, CHRIS 180 _ ٥ E (2) € 9 3 9

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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) (b) Name, address, and EIN of entity Primary a	(b) Primary activity	(c) Legal domicile state or foreign country)	ninant related, excluded	(e) Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1	(i) General or managing partner?	(k) Percentage ownership
			sections 512 - 514)	Yes No			Yes No		Yes No	
(1)										
(2)			/							
(3)										
(4)										
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Schedule R (Form 990) 2020

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Part VII Supplemental Information

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

Form 4797

Department of the Treasury Internal Revenue Service

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

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27

CHRIS 180, INC.							_	ing number
							58-1	430183
1 Enter the gross proc substitute statement)								
Substitute statement	char you are in	Dramarta Line	, 10, 01 20, See II	Ducinos	d Involuntant C	onvoroio	no Ero	m Other
Part I Sales or Ex Than Casua	cnanges of Ity or Thef	r Property Use ft - Most Prop	erty Held Moi	re Than 1 Year	d Involuntary C (see instruction	onversio s)	ns Fro	om Other
2 (a) Description of property	1	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost o basis, p improveme expense o	lus nts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
ATTACHMENT 1								195,186.
3 Gain, if any, from For	m 4684, line 3	9					3	
4 Section 1231 gain fro	m installment	t sales from Form	6252, line 26 or	37			4	
5 Section 1231 gain or							5	
6 Gain, if any, from line	32, from other	er than casualty or	theft				6	
7 Combine lines 2 throu							7	195,186.
Partnerships and S of line 10, or Form 1120	corporations.	Report the gain	or (loss) following	ng the instructions				
Individuals, partners, line 7 on line 11 belo losses, or they were Schedule D filed with	ow and skip li recaptured in	ines 8 and 9. If I an earlier year,	ine 7 is a gain a enter the gain f	nd you didn't hav from line 7 as a	e any prior year sec	tion 1231		
8 Nonrecaptured net se	ection 1231 lo	sses from prior ye	ars. See instruction	ons			8	
9 Subtract line 8 from li 9 is more than zero, capital gain on the So	enter the amo	ount from line 8	on line 12 below	and enter the ga	ain from line 9 as a	long-term	9	
		sses (see ins						
				de property held 1 y	rear or less):			
TO Orginary gains and lo		aded on intestit						
TU Ordinary gains and ic		ded on lines 11						277
10 Ordinary gains and ic		ded off lifes 11						
10 Ordinary gains and ic		ded on lines 11						
iu Ordinary gains and ic		Jude diffinies 11						
							11	()
11 Loss, if any, from line	7						11 12	()
11 Loss, if any, from line 12 Gain, if any, from line	7e 7 or amount	from line 8, if app	licable					()
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line	7 e 7 or amount 31	from line 8, if app	licable				12	()
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from	7 e 7 or amount 31 m Form 4684,	from line 8, if app	licable				12	()
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from 15 Ordinary gain from in	7 · · · · · · e 7 or amount 31 · · · · · · m Form 4684, stallment sale	from line 8, if app	licable				12 13 14	()
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from 15 Ordinary gain from in 16 Ordinary gain or (loss)	7 · · · · · · e 7 or amount 31 · · · · · · m Form 4684, astallment sale s) from like-kir	from line 8, if app	licable				12 13 14 15	()
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from 15 Ordinary gain from in 16 Ordinary gain or (loss 17 Combine lines 10 thr 18 For all except individu	7 e 7 or amount 31 m Form 4684, istallment sale s) from like-kir ough 16	from line 8, if applines 31 and 38a es from Form 625 and exchanges from	licable				12 13 14 15 16	()
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from 15 Ordinary gain from in 16 Ordinary gain or (loss) 17 Combine lines 10 thro 18 For all except individuand b below. For individuand	7 e 7 or amount 31	from line 8, if app. lines 31 and 38a as from Form 625 and exchanges from ter the amount from complete lines a	licable	e appropriate line	of your return and s	skip lines a	12 13 14 15 16	
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from 15 Ordinary gain from in 16 Ordinary gain or (loss) 17 Combine lines 10 thro 18 For all except individuand b below. For individual if the loss on line 11	7 e 7 or amount 31	from line 8, if app. lines 31 and 38a es from Form 625 and exchanges from ter the amount from complete lines a s from Form 4684	2, line 25 or 36 on Form 8824 or 17 on the and b below.	e appropriate line	of your return and s	skip lines a	12 13 14 15 16	()
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from 15 Ordinary gain from in 16 Ordinary gain or (loss) 17 Combine lines 10 thro 18 For all except individuand b below. For individuand if the loss on line 11 illoss from income-process.	7 e 7 or amount 31	from line 8, if appulines 31 and 38a es from Form 625 and exchanges from ter the amount fromplete lines a s from Form 4684 by on Schedule A	2, line 25 or 36 Form 8824 com line 17 on the and b below. I, line 35, column (Form 1040), line	e appropriate line n (b)(ii), enter that e 16. (Do not include	of your return and s	skip lines a	12 13 14 15 16	
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from 15 Ordinary gain from in 16 Ordinary gain or (loss) 17 Combine lines 10 thro 18 For all except individuand b below. For individuand b from lines 11 iloss from income-produce in employee.) Identify	7 e 7 or amount 31 m Form 4684, astallment sales) from like-kir ough 16	from line 8, if app. lines 31 and 38a as from Form 625 and exchanges from ter the amount from complete lines a s from Form 4684 as from Schedule Am 4797, line 18a.	licable	e appropriate line n (b)(ii), enter that e 16. (Do not include	of your return and s	skip lines a Enter the rty used as	12 13 14 15 16 17	
11 Loss, if any, from line 12 Gain, if any, from line 13 Gain, if any, from line 14 Net gain or (loss) from 15 Ordinary gain from in 16 Ordinary gain or (loss) 17 Combine lines 10 thro 18 For all except individuand b below. For individual if the loss on line 11 illoss from income-process.	7 e 7 or amount 31 m Form 4684, astallment sales) from like-kir ough 16	from line 8, if appulines 31 and 38a es from Form 625 and exchanges from ter the amount from from Form 4684 as from Form 4684 as from Schedule Am 4797, line 18a. Iine 17 excludir	gicable	e appropriate line n (b)(ii), enter that e 16. (Do not include)	of your return and s part of the loss here de any loss on prope	skip lines a Enter the rty used as	12 13 14 15 16 17	

(a) Description of section 1245, 1250, 1252, 1254,	or 125	5 property:		(b) Date aco		(c) Date sold
Α				(mo,, day,	<u>(C.)</u>	(mo., day, yr,
В						
3						
These columns relate to the properties on lines 19A through 19I	o. ▶	Property A	Property B	Property	, C	Property I
Gross sales price (Note: See line 1 before completing.)						12
Cost or other basis plus expense of sale	21	,				
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
Depreciation allowed or allowable from line 22	25a					
Enter the smaller of line 24 or 25a	25b					
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject			-			
to section 291.	.					
Additional depreciation after 1975. See instructions .	268					
Applicable percentage multiplied by the smaller of						
line 24 or line 26a. See instructions	26b					
Subtract line 26a from line 24. If residential rental property						
or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
Additional depreciation after 1969 and before 1976.		- · · · · · · · · · · · · · · · · · · ·				
	26e					
Section 291 amount (corporations only)	26f				<u> </u>	
Add lines 26b, 26e, and 26f	26g					
dispose of farmland or if this form is being completed for a partnership.						
Soil, water, and land clearing expenses	27a					
Line 27a multiplied by applicable percentage. See instructions .	27b					
Enter the smaller of line 24 or 27b	27c	****				
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	20.5					
	28b			 		
If section 1255 property:	280					
Applicable percentage of payments excluded from						
income under section 126. See instructions	00.					
Enter the smaller of line 24 or 29a. See instructions.				 		
mmary of Part III Gains. Complete propert		ımne A through	D through line 2	Oh hoforo gain	- to lin	- 20
imary of Fart in Gains. Complete propert	y con	unins A through	D through line 2	ab before goin	g to line	e 30.
Total gains for all properties. Add property columns A						
Add property columns A through D, lines 25b, 26g, 2						
Subtract line 31 from line 30. Enter the portion from	n casu	alty or theft on Form	4684, line 33. Ent	er the portion from	n	
other than casualty or theft on Form 4797, line 6				<u> </u>	. 32	
Recapture Amounts Under Section (see instructions)	s 179	and 280F(b)(2)	When Busines	s Use Drops to	50% (or Less
				(a) Section	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allow	able in	prior years		3		
Recomputed depreciation. See instructions		•	· · · · —			
				•		

CHRIS 180, INC. Supplement to Form 4797 Part I Detail

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Description	Date	Date	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
	05/31/1985	12/31/2020	205,000.	74,900.	85,214.	194,686.
FOIT PMENT	01/01/2019		500.			500.
	-					
	-					
						,
Totals						195,186.

ATTACHMENT 1