CHRIS 180, Inc

Public Inspection Copy
For the Year Ended
December 31, 2022

TAX RETURNS



CHRIS 180, INC. INSTRUCTIONS FOR FILING FORM 8879-TE

IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2022

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-TE TO:

SMITH & HOWARD ADVISORY, LLC 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, 2023. 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.

Payment/Deposit Information Report

Taxpayer Name: CHRIS 180, INC.

Tax Juris.	Payment Deposit	Amount	Financial Institution Name	Account Type	Routing Number	Account Numbe	
				71			
	+						
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Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 01/01/2022 and ending 12/31/2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN CHRIS 180, 58-1430183 INC. Name and title of officer or person subject to tax KATHY COLBENSON, PRESIDENT AND CEO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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) 1b 1a Form 990 check here Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here 4a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) Form 4720 check here b Total tax (Form 4720, Part III, line 1) Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** I am an officer of the above entity or ____ I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) and that I have examined a copy of the 2022 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 I authorize SMITH & HOWARD ADVISORY, to enter my PIN 11 | 7 | 2 | 8 | 6 | as my signature Enter five numbers, but ERO firm name do not enter all zeros on the tax year 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 11/15/2023 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |6|7|8|8|2|7|9|2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 Etyrns. ERO's signature Date 11/15/2023 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see back of form.

JSA 2X3008 2.000 9179PW 9242 11 PUBLIC, INSPECTION 4SOPY

Department of the Treasury

Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

▶ 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

and ending

_			C Name of	forganization									D	Employer	identifi	cation nur	nber		
В	heck if ap	oplicable:	CHR	IS 180,															
	Addre		Doing Bu	ısiness As									1	5	8-14	30183			
	7 1	change	Number	and street (or	P.O. box if ma	il is not delivered	to street	addres	s)	Rooi	m/sui	te	E	Telephone	numbe	er			
	Initial	return	103	O FAYETT	EVILLE F	ROAD						В	(404)486-9034						
	Termi					ry, and ZIP or for	eign pos	al code)				(101) 100 2034						
	Amen	ided	ΑΤΤ.	ANTA, GA	30316								G	Gross rece	eipts \$	35,1	03.0	63	
	return Applic	cation		nd address of p		клтн	Y COI	.BFN	SOM				_	Is this a g			Yes	X No	
	pendi	ng			·	ROAD SUIT				2 תי	021	6	subordinates?						
_	Tay-ay	empt sta	<u> </u>		501(c)				4947(a)(1)				11(5)			st. (see instru		No	
÷				HRIS180.		() - (11	nsert no.)		4947 (a)(1)) OI		527					10110110)		
J						A i - 4i					1 V-					number	! . !!		
			ization: X	Corporation	Trust	Association	1 0	her >	•		L Ye	ar of forma	ition:	1981	n State	e or legal d	omicile:	GA	
Р	art I		mmary								~								
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Governance						IS IS AN		MYM_	FOR OU	R V	ALU:	ES: CF	REAT	'IVITY					
na.	HONOR, RESPECT, INTEGRITY, AND SAFETY. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.																		
Š.					U				•						1 1	ı			
		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4														27			
တ																		27	
Activities &	5	Total ı	number of	individuals e	mployed in o	calendar year 2	2022 (Pa	ırt V, li	ne 2a)						5			652	
듩	6	Total ı	number of	volunteers (e	stimate if neo	cessary)									6		1	,000	
ĕ	7a	Total	unrelated l	ousiness reve	nue from Pai	t VIII, column	(C), line	12							7a				
						m Form 990-T									7b			NONE	
														or Year	·	Cur	rent Y	ear	
a)	8	Contri	butions an	d grants (Parl	$\neg \Box$	10	,381,0	080.	16	,995	,135.								
Ĭ										PY FO			20	,345,5	758.	17	,671	,375.	
Revenue			ram service revenue (Part VIII, line 2g) stment income (Part VIII, column (A), lines 3, 4, and 7d)											126,1				,216.	
Ř												_		-202,				,629.	
			her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)											,650,3				,097.	
			ints and similar amounts paid (Part IX, column (A), lines 1-3)											685,3		915,38			
													NONE				713	NONE	
	4.5			other compensation, employee benefits (Part IX, column (A), lines 5-10)									21			23,938,456			
Expenses	162								_				21,439,271. NONE						
ben	10a			sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶1,159,516.											NOME	E 99,25			
$\bar{\mathbf{x}}$	1.0													600 1	2.2.4	0	7.0	200	
						11a-11d, 11f-								,602,3			•	,380.	
						must equal Part IX, column (A), line 25) ine 18 from line 12								,726,9				<u>,474.</u>	
- v	19	Reven	iue less ex	(penses. Sub	ract line 18 f	rom line 12								-76,6				<u>,623.</u>	
Net Assets or Fund Balances												Begli	— . .	of Curren			d of Yea		
sse 3ala	20		•	t X, line 16)										,583,0				<u>,594.</u>	
nd A	21			Part X, line 26										,472,				<u>,739.</u>	
					Subtract line	21 from line 2	20						21	,110,2	232.	22	<u>,185</u>	<u>,855.</u>	
	art II		gnature E																
Un tru	der per e. corre	nalties c ect. and	of perjury, I complete. D	declare that I beclaration of pr	nave examined eparer (other t	this return, inc than officer) is b	cluding a ased on a	ccomp all infor	anying sched mation of wh	dules a nich pr	and st repare	atements, r has anv k	and to	o the best edae.	of my	knowledge	and b	elief, it is	
	-,	T				,													
e:														_	/15/	2023			
Sig He			Signature o	of officer										Date					
пе	ı e		HY COLE						PRESI	DENT	ΓAÌ	ND CEO)						
			Type or prir	nt name and title	•				•										
D -		Print/Type preparer's name SABRE J LINAHAN Preparer's signature Date												Check	if	PTIN			
Paid		SABI	KE J L.	LNAHAN	•	Allre	di	na	nun	_	11/	15/202	23	self-empl	oyed	P0137	2980		
	parer	Firm's	name >	SMITH &	HOWARD	ADVISORY	, LL	7					Firm	n's EIN 🕨	9	2-074	9631		
USE	Only		address >			NW SUITE 160	-		A 30363					ne no.		04-87		44	
May	the II					own above? (s											es	No	
						rate instruction												0 (2022)	

58-1430183

Page 2

CHRIS 180, INC.

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$12,111,313. including grants of \$915,388.) (Revenue \$6,961,211.) BEHAVIORAL HEALTH SERVICES:	
	CHRIS 180 PROVIDED TRAUMA INFORMED BEHAVIORAL HEALTH SERVICES FOR	
	CHILDREN, ADULTS AND FAMILIES THROUGHOUT THE GREATER METRO ATLANTA	
	AREA TO HELP THEM THROUGH DIFFICULT TIMES SO THAT THEY COULD FEEL	
	AND FUNCTION BETTER. DURING 2022, 9,417 INDIVIDUALS RECEIVED	
	BEHAVIORAL HEALTH SERVICES AND SUPPORT ACROSS ALL LOCATIONS IN COUNSELING CENTERS, IN SCHOOLS AND IN THE COMMUNITY.	
	COUNSELLING CENTERS, IN SCHOOLS AND IN THE COMMONTH.	
	SEE SCHEDULE O FOR MORE DETAILS.	
4b	(Code:) (Expenses \$8,691,300. including grants of \$) (Revenue \$6,464,516.) RESIDENTIAL AND HOUSING SERVICES:	
	DURING 2022, CHRIS 180 OPERATED TRADITIONAL FOSTER HOMES, FOSTER	
	TO ADOPT HOMES, HOMES FOR SIBLINGS IN FOSTER CARE, TWO SPECIALIZED	
	HOMES FOR VERY HIGH ACUITY YOUTH IN FOSTER CARE, AND A PROGRAM FOR	
	UNACCOMPANIED MINOR CHILDREN AND MINOR GIRLS WITH BABIES IN	
	FEDERAL FOSTER CARE WHO WILL BE REUNITED WITH A RELATIVE OR SPONSOR. THESE PROGRAMS SERVED 197 CHILDREN AND YOUNG ADULTS.	
	BIONOGIC. THESE PROGRAMS SHRVED 197 CHIEDREN TWO TOOMS TROUBS.	
	SEE SCHEDULE O FOR MORE DETAILS.	
4c	(Code:) (Expenses \$ 5,939,307. including grants of \$) (Revenue \$ 3,750,105.)	
	COMMUNITY SERVICES:	
	CURTOR 100 OFFICE AN EURANDENCE ADDAM OF FRANKI ANTIONIER COMMINISTRY	
	CHRIS 180 OFFERS AN EXPANDING ARRAY OF TRAUMA INFORMED COMMUNITY SERVICES DESIGNED TO HELP CHILDREN, ADOLESCENTS AND ADULTS HEAL,	
	STRENGTHEN FAMILIES AND BUILD SAFE, RESILIENT COMMUNITIES.	
	SEE SCHEDULE O FOR MORE DETAILS.	
	Other management of Colored to the Colored to Colored t	
	Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 1,242,028. including grants of \$) (Revenue \$ 755,836.) Total program continuo expenses	

Form 990 (2022)

Form 990 (2022) Page **3**

Part	V 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,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	Х	
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 Rev. Proc. 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,"			
	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	40	3.7	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	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			
	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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
10	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	Х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

Form 990 (2022) Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C		240		
انہ	to defease any tax-exempt bonds?	24c		
	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	0.5		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
	If "Yes," complete Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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
	A 35% controlled entity of one or more individuals and/or organizations described in line 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? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		21	
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			21
32	complete Schedule N, Part II.	32		v
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33		22	37	
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34			3.7	
0.5	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	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		X
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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 112			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
ISA		_	000	

Form 990 (2022) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 652			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	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		
_	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		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	36		
	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	:		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	4.5		37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17				
.,	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Ves " complete Form 6069			

Part VI

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 elect or 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) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Χ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on 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 and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-	37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
4.5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		v
_	with a taxable entity during the year?	Toa		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17 19		(000	tion F	01(2)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	11011 5	υ I(C)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10		f inta-	oct -	بمالم
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	ı ınter	εσι β	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	e		
20	KATHY COLBENSON 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	3		
	404-486-9034	Form	990	(2022)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	c) sition more than one erson is both an director/trustee)			(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/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KATHY COLBENSON	40.00									
PRESIDENT & CEO	0.10			X				294,515.	NONE	36,940.
(2) ANNE CORNELL	40.00			1				25175151	1,01,1	3073101
CHIEF CLINICAL OFFICER	NONE					X		177,820.	NONE	9,837.
(3) ELIZABETH GOLDBERG	40.00									7,0011
CHIEF DEVELOPMENT OFFICER	NONE	1				X		139,800.	NONE	13,346.
(4) QUEIE BARNETT	40.00									,
CHIEF PEOPLE OFFICER (~9/9/22)	NONE					X		118,007.	NONE	16,721.
(5) BRITTNEY WALTERS	40.00									
VP SCHOOL-BASED MENTAL HEALTH	NONE					Х		119,653.	NONE	10,239.
(6) CHAUNDRA LUCKETT	40.00									
CHIEF MARKETING OFFICER	NONE					Х		116,823.	NONE	10,374.
(7) JUAN FIGUEROA	40.00									
COO (~6/15/22)	NONE			Х				118,154.	NONE	NONE
(8) SHEILA KATZ COHEN	40.00									
CFO(~5/1/22)	6.00			Х				88,554.	NONE	8,322.
(9) NILDA DIAZ	40.00									
CFO (~9/6/22)	6.00			Х				58,159.	NONE	3,085.
(10) JULIA HOUSTON	1.00									
CHAIR	NONE	X						NONE	NONE	NONE
(11) JAY BERNATH	1.00									
VICE CHAIR	NONE	X						NONE	NONE	NONE
(12) APRIL ESTES	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(13) CYRIL TURNER	1.00									
SECRETARY	NONE	Х						NONE	NONE	NONE
(14) ANA G. AMATO	1.00									
TREASURER	NONE	X						NONE	NONE	NONE

Form **990** (2022)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and H	lig	hest Compensat	ed Employ	yees (c	Page 8 ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	s pe	ition more	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from ed	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
15) ISYS CAFFEY-HORNE TRUSTEE	1.00 NONE	X						NONE		NONE	NONI
16) DAN DIFFLEY TRUSTEE	1.00 NONE	Х						NONE		NONE	NONI
17) EMILY CHAMBERS TRUSTEE	1.00 NONE	Х						NONE		NONE	NONI
18) LENORE CUSICK TRUSTEE	1.00 NONE	X						NONE		NONE	NONI
19) TODD ELLIS TRUSTEE	1.00 NONE	Х						NONE		NONE	NONI
20) DEIRDRA GLOVER TRUSTEE	1.00 NONE	X						NONE		NONE	NONI
21) ROBERT "BO" KEATLEY TRUSTEE	1.00 NONE	X						NONE		NONE	NON
22) ROB KIGHT TRUSTEE	1.00 NONE	X						NONE		NONE	NON
23) PAULA "LALA" LARSON TRUSTEE	1.00 NONE	X						NONE		NONE	NON
24) MANEY MAZLOOM TRUSTEE	1.00 NONE	X						NONE		NONE	NON
25) LORI B. CHENNAULT TRUSTEE	1.00 NONE	X						NONE		NONE	NONI
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A						* * *	1,231,485. NONE 1,231,485.		NONE NONE	108,864 NONI 108,864
Total number of individuals (including but not reportable compensation from the organization)	limited to t							•	\$100,000		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											
Section B. Independent Contractors											
	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax										
(A) Name and business add	lress							(B) Description of se	ervices	С	(C) ompensation

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2022) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable	Fs	(F) Estimated		
	hours per				compensation	compensation from	am	nount of other					
	hours for	office	r an	d a d	direc	tor/trust	ee)	from the	related organizations	com	pensatio	on	
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)		om the anizatior	n	
	below dotted	dividual director	tutio	ě	empl	est c	l ed	(W-2/1099-MISC)		_	d related		
	line)	or true	nalt		loyee	omp				orga	anization	IS	
		stee	uste			ens							
			Õ			ated							
26) ARAYA MESFIN	1.00												
TRUSTEE	NONE	Х						NONE	NONE		1	NONE	
27) MARYBETH LEAMER	1.00												
TRUSTEE	NONE	Х						NONE	NONE			NONE	
28) TERRY RUSSELL	1.00									l			
TRUSTEE	NONE	Х						NONE	NONE			NONE	
29) MARIA SMITH	1.00												
TRUSTEE	NONE	Х						NONE	NONE	l	J	NONE	
30) STEVE T. TEDDER	1.00												
TRUSTEE	NONE	Х						NONE	NONE		1	NONE	
31) REBECCA WOODS	1.00												
TRUSTEE	NONE	Х						NONE	NONE		1	NONE	
32) CONDACE PRESSLEY	1.00												
TRUSTEE	NONE	Х						NONE	NONE		1	NONE	
33) MICHAEL W. LAMMONS	1.00												
TRUSTEE	NONE	Х						NONE	NONE	l	J	NONE	
34) SHEILA E. RAY	1.00												
TRUSTEE	NONE	Х						NONE	NONE		1	NONE	
35) PASCAL LEWIS	1.00									l			
TRUSTEE	NONE	X						NONE	NONE		1	NONE	
36) TERRIN MCKAY	1.00												
TRUSTEE	NONE	X						NONE	NONE	ļ]	NONE	
1b Sub-total							\blacktriangleright			ļ			
c Total from continuation sheets to Part VII, S	ection A						>			<u> </u>			
d Total (add lines 1b and 1c)							<u> </u>						
2 Total number of individuals (including but not		hose I	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of				
reportable compensation from the organization	n ▶												
											Yes	No	
3 Did the organization list any former office													
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ivid	ual						3		X	
4 For any individual listed on line 1a, is the	sum of rep	ortab	le d	com	per	nsatio	n aı	nd other compens	sation from the				
organization and related organizations gro	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such												
individual													
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Yes," complete Schedule J for such person													
Section B. Independent Contractors													
1 Complete this table for your five highest com- compensation from the organization. Report of													

year.

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

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

Part VII

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Part VIII Statement of Revenue

Pal	rt VII	Check if Schedule O contains a respo	nse or note to an	v line in this Part \	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a	157,500.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
۵ِ چَ	С	Fundraising events 1c	706,796.				
fts ar A	d	Related organizations 1d					
שַׁיָּ	е	Government grants (contributions) 1e	11,422,656.				
Sir	f	All other contributions, gifts, grants,					
uti e		and similar amounts not included above . 1f	4,708,183.				
흕	g	Noncash contributions included in					
out		lines 1a-1f 1g	\$ 221,405.				
<u>2</u> <u>8</u>	h	Total. Add lines 1a-1f		16,995,135.			
			Business Code				
Program Service Revenue	2a	GRANTS AND CONTRACTS INCOME	900099	17,151,525.	17,151,525.		
er.	b	RENTAL INCOME	531110	414,811.	414,811.		
n S	С	TRAINING PROGRAM REVENUE	900099	58,850.	58,850.		
Jrai ≷e\	d	OTHER PROGRAM FEES	900099	46,189.	46,189.		
5	е						
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		17,671,375.			
	3	Investment income (including dividends,	<i>'</i>	120 002			120 002
	١.	other similar amounts)		130,923.			130,923.
	4 5	Income from investment of tax-exempt bond		NONE			
	3	Royalties	(ii) Personal	NONE			
	60		(1) 1 212 21121				
	6a	Gross rents 6a Less: rental expenses 6b					
	b	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)	-	NONE			
	7a	Gross amount from (i) Securities	(ii) Other	-			
		sales of assets					
		other than inventory 7a	290,000.				
<u>o</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b	29,707.				
	С	Gain or (loss) 7c	260,293.				
Ξ.	d	Net gain or (loss)		260,293.	260,293.		
Other R	8a	Gross income from fundraising					
Ó		events (not including \$ ^{706,796} .					
		of contributions reported on line					
		1c). See Part IV, line 18	15,630.				
	b	Less: direct expenses	276,259.				
	С	Net income or (loss) from fundraising events		-260,629.			-260,629.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	•				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold		3703			
	-	Net Income of (loss) from sales of inventory.	1	NONE			
Miscellaneous Revenue			Business Code				
ne Jue	11a						
ella Ver	b						
Sce	C	All other revenue					
Ē	e	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		34,797,097.	17,931,668.		-129,706.
JSA	-			TOTION			Form QQ0 (2022)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b, 7b,				(D)		
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses		
	Grants and other assistance to domestic organizations		елрепзез	general expenses	ехрепзез		
'	and domestic governments. See Part IV, line 21	4,900.	4,900.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	910,488.	910,488.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE					
4	Benefits paid to or for members	NONE					
5	Compensation of current officers, directors,	110112					
J	trustees, and key employees	597,779.	512,758.	69,451.	15,570.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	NONE					
7	Other salaries and wages	19,029,039.	16,322,557.	2,210,830.	495,652.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	246,221.	211,201.	28,606.	6,414.		
9	Other employee benefits	2,467,906.	2,116,899.	286,725.	64,282.		
10	Payroll taxes	1,597,511.	1,370,299.	185,601.	41,611.		
11	Fees for services (nonemployees):						
а	Management	143,245.	143,245.				
	Legal	NONE					
	Accounting	72,599.		72,599.			
	Lobbying	24,000.	24,000.				
	Professional fundraising services. See Part IV, line 17	99,250.			99,250.		
	Investment management fees	NONE					
	Other. (If line 11g amount exceeds 10% of line 25, column						
Ū	(A), amount, list line 11g expenses on Schedule O.)	2,110,476.	1,433,374.	677,102.			
12	Advertising and promotion	151,816.	65,260.	49,681.	36,875.		
13	Office expenses	185,978.	62,674.	78,577.	44,727.		
14	Information technology	NONE					
15	Royalties	NONE					
16	Occupancy	2,081,468.	1,525,180.	545,634.	10,654.		
17	Travel	277,072.	204,358.	68,830.	3,884.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	NONE					
19	Conferences, conventions, and meetings	NONE					
20	Interest	22,203.	22,101.	102.			
21	Payments to affiliates	NONE					
22	Depreciation, depletion, and amortization	676,599.	676,599.				
23	Insurance	364,308.	213,897.	148,747.	1,664.		
24	Other expenses. Itemize expenses not covered						
	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A), amount, list line 24e expenses on Schedule O.)						
а	DIRECT CARE	1,237,250.	1,137,496.	24,088.	75,666.		
b	PROFESSIONAL MEDICAL FEES	508,323.	508,323.				
	TRAINING	297,726.	272,032.	22,504.	3,190.		
d	SPECIAL EVENTS	286,787.	44,920.		241,867.		
е	All other expenses	328,530.	201,387.	108,933.	18,210.		
	Total functional expenses. Add lines 1 through 24e	33,721,474.	27,983,948.	4,578,010.	1,159,516.		
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)						
	3 (3 000 . 20)				- 000 (aaaa)		

Form **990** (2022)

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Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this P	art X		x
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	6,518,263.	2	7,990,973.
	3	Pledges and grants receivable, net	4,684,051.	3	4,391,383.
	4	Accounts receivable, net	60,542.	4	47,235.
	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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
ţ	7	Notes and loans receivable, net	8,563,750.	7	8,563,750.
Assets	8	Inventories for sale or use	NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	165,150.	9	235,743.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	7,961,036.	10c	8,481,198.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	630,230.	15	1,077,312.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	28,583,022.	16	30,787,594.
	17	Accounts payable and accrued expenses	1,809,742.	17	2,353,937.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue SEE SCHEDULE O	114,207.	19	8,000.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
Ï	23	Secured mortgages and notes payable to unrelated third parties	5,548,841.	23	5,485,070.
	24	Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	754,732.
	26	Total liabilities. Add lines 17 through 25	7,472,790.	26	8,601,739.
seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	19,155,322.	27	19,661,543.
ñ	28	Net assets with donor restrictions.	1,954,910.	28	2,524,312.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			, ,
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ ∤	32	Total net assets or fund balances	21,110,232.	32	22,185,855.
Net	33	Total liabilities and net assets/fund balances	28,583,022.	33	30,787,594.
			20,303,022.		Form 990 (2022)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>097</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>474</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>623</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	<u>1,1</u>	10,	<u> 232</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	2,1	85,	<u>855</u>
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	ı a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			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 au	ıdits .		3b	X	(0.0.5.5.)
				Form	990	(2022)

SCHEDULE A (Form 990)

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

58-1430183 CHRIS 180. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022 Page **2**

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,523,604.	6,908,934.	10,988,565.	10,381,080.	16,995,135.	50,797,318.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3	5,523,604.	6,908,934.	10,988,565.	10,381,080.	16,995,135.	50,797,318.
6	shown on line 11, column (f)						1,878,998.
6	Public support. Subtract line 5 from line 4 tion B. Total Support						48,918,320.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	, , , , , ,	5,523,604.	6,908,934.	10,988,565.	10,381,080.	16,995,135.	50,797,318.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	128,636.	160,335.	136,872.	125,456.	130,923.	682,222.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		NONE				NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						51,479,540.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	91,739,750.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2022 (lin		-			14	95.02 %
15	Public support percentage from 2021	•	•			15	87.55 %
	331/3% support test - 2022. If the organization que box and stop here. The organization que	ualifies as a pub	licly supported	organization			X
	331/3% support test - 2021. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		
	a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	15 is 10% or more, and if the organiz in Part VI how the organization meets	the facts-and	-circumstances t	est. The organi	zation qualifies	as a publicly su	ipported
18	organization	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
	instructions						<u> </u>

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CHRIS 180, INC. 58-1430183

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

Schedule A (Form 990) 2022

(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.)

				, I	•	,	
	tion A. Public Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	endar year (or fiscal year beginning in)	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(I) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	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						
3	unrelated trade or business under section 513 •						
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						
	Amounts included on lines 1, 2, and 3						
. u	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						
	line 6.)						
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				5:5:1		504()(0)
14	First 5 years. If the Form 990 is for	•			•		` ` `
	organization, check this box and stop here.						
	tion C. Computation of Public Supp Public support percentage for 2022 (line 8,			mp (f))		45	0/
15 16	Public support percentage from 2021 Sche		-			15	<u>%</u>
						16	70
	tion D. Computation of Investment Investment income percentage for 2022 (lir			13 column (f))		17	%
17							
18	Investment income percentage from 2021 S					18 ore than 331/3 %	
134	331/3% support tests - 2022. If the or 17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2021. If the orga						
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
20	a. ioundation. Il tile organization t	ALC LITTER	a box on mic	, .ou, or 19b	, oncon tino bu	and Joe midth	40110110

Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) at satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 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 E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such actio (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actio was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 enti with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons, as defined in section 4946 (other than foundation managers and organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990) 2022 Page **5**

Part	Supporting Organizations (continued)			
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	115		
	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).	1		
Secti	on D. All Type III Supporting Organizations		V	NI a
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	res	No
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e insti	$\overline{}$	_
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 on 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.	3h		

Page 6 Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Support	orting Organization	S	
1 Check here if the organization satisfied the Integral Part Test	as a qualifying trust or	Nov. 20, 1970 (<i>expla</i>	in in Part VI). See
instructions. All other Type III non-functionally integrated supp			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or co	ollection		
of gross income or for management, conservation, or maintenance			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greate see instructions).	er amount,		
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	0		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A	A) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, colum	nn A) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a n	on-functionally integra	ated Type III supporting	g organization

Schedule A (Form 990) 2022

(see instructions).

Schedule A (Form 990) 2022 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			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.			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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2022

7

and 4c.

Breakdown of line 7: Excess from 2018 Excess from 2019 Excess from 2020 d Excess from 2021 Excess from 2022

Excess distributions carryover to 2023. Add lines 3j

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

-							
CHRIS 180, INC.		58-1430183					
Organization type (check one	9):						
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 fou	ındation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundary	tion					
	501(c)(3) taxable private foundation						
Check if your organization is	covered by the General Rule or a Special Rule.						
Note: Only a section 501(c)(7 instructions.	7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See					
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction contributions.	_					
Special Rules							
regulations under s 16b, and that recei	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990) ved from any one contributor, during the year, total contributions of the great int on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa), Part II, line 13, 16a, or iter of (1) \$5,000; or					
contributor, during literary, or educatio	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
must answer "No" on Part IV	isn't covered by the General Rule and/or the Special Rules doesn't file School, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on set the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2022)

Page 2 Name of organization Employer identification number

CHRIS 180, INC. 58-1430183

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_	N/A	\$\$ 525,250.	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	\$\$.	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			
3	N/A	\$\$	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			
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	\$\$	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			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization **Employer identification number**

CHRIS 180, INC. 58-1430183

Notices in Toperty (see instructions). Ose duplicate copies	•	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given Sacinstructions Sacinstructions

Name of organization Employer identification number CHRIS 180, INC. 58-1430183 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE C (Form 990)

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (electi	on under section 501(h))): Complete Part II-B. Do no	t complete Part II-A.
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Prox
•	Section 501(c)(4), (5), or (6) organization (501)				
	e of organization	·		Employer ide	ntification number
CHE	RIS 180, INC.			58-14	430183
		organization is exempt under	section 501(c) or		
1	-	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa	_		·	
2	•	xpenditures. See instructions		\$	
3		campaign activities. See instructio			
Pai		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5 \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
	activities			\$	
2	Enter the amount of the filin	ng organization's funds contributed	to other organization	ons for section	
	527 exempt function activiti	es		\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on Fo	rm 1120-POL,	
	line 17b			\$	
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		s. For each organization listed, er			
		tributions received that were prom nd or a political action committee (
			T .		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization.
					If none, enter -0
(1)					
(2)					
(3)					
(4)			_		
(5)			_		
(6)			_		
			I		

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

Schedule C (Form 990) 2022

CHRIS 180, INC. 58-1430183 Page **2**

Sch	hedule C (Form 990) 2022	CHRIS	180, INC			58	-1430183 Page 2
P	art II-A Complete if the org section 501(h)).	ganizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
A				affiliated group (and bbying expenditures)		ach affiliated group mem	ber's name, address,
В	Check if the filing organiz	zation ch	ecked box A	A and "limited contro	ol" provisions app	oly.	
	Limits (The term "expendit		ying Expend eans amour)	(a) Filing organization's totals	(b) Affiliated group totals
18	a Total lobbying expenditures to	influence	public opini	on (grassroots lobb	ying)		
ı	b Total lobbying expenditures to	influence	a legislative	e body (direct lobbyi	ng) [
•	c Total lobbying expenditures (ac	ld lines 1	a and 1b) .				
	d Other exempt purpose expendi						
	e Total exempt purpose expendit						
f	f Lobbying nontaxable amount.	Enter th	ie amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a	a) or (b) is			is:		
	Not over \$500,000			amount on line 1e.			
	Over \$500,000 but not over \$1,000			us 15% of the excess			
	Over \$1,000,000 but not over \$1,5			us 10% of the excess			
	Over \$1,500,000 but not over \$17	000,000		us 5% of the excess of	over \$1,500,000.		
_	Over \$17,000,000	/t O	\$1,000,000.				
	g Grassroots nontaxable amount h Subtract line 1g from line 1a. If	`	,		-		
	i Subtract line 1g from line 1a. If						
	j If there is an amount other the					tion file Form 4720	
J	reporting section 4911 tax for t				_		Yes No
_	reporting section 4911 tax for t			aging Period Unde			Tes NO
	(Some organizations that						ns below.
	(001110 01 9 1111 1111 1111 1111 1111			te instructions for I			
		Lobi	bying Exper	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
28	a Lobbying nontaxable amount						
_	b Lobbying ceiling amount (150% of line 2a, column (e))						
_	c Total lobbying expenditures						
_	d Grassroots nontaxable amount						
_	e Grassroots ceiling amount (150% of line 2d, column (e))						
f	f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

Schedule C (For	m 990) 2022	CHRIS 180	, INC.	58-1430183	Page
	Complete if the or			t under section 501(c)(3) and has NOT filed Form 5768	

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amour	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	X	Λ			24	000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			<u> </u>	000
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		X				
i :	Other activities? Total. Add lines 1c through 1i					24.	000
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			,	000
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	<u> </u>		
	501(c)(6).						
					\	⁄es	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				3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (b) Pai	't III-A,	line 3,	is	
1	answered "Yes." Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
_	political expenses for which the section 527(f) tax was paid).	iiits (O1				
а	Current year		'	2a			
b	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
	and political expenditures next year?	•		4			
5	Taxable amount of lobbying and political expenditures. See instructions			5			
	T IV Supplemental Information						
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list); Part	II-A, line	es 1	and
•	ee instructions); and Part Il-B, line 1. Also, complete this part for any additional information.						
SEE	PAGE 4						

FORM 990, PART II-B, LINE 1G

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

SCHEDULE D (Form 990)

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

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.

, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THRIS 180 INC

	RIS 180, INC.			58-1430183	
Pa	organizations Maintaining Donor Advis			r Accounts.	
	Complete if the organization answered "				
		(a) Donor advised for	unds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a	dvisors in writing that t	he assets held	l in donor advised	
	funds are the organization's property, subject to the o	organization's exclusive l	egal control?	Yes	No
6	Did the organization inform all grantees, donors, and				
	only for charitable purposes and not for the benefit				
	conferring impermissible private benefit?			Yes	No
Pa	rt II Conservation Easements.				
	Complete if the organization answered "				
1	Purpose(s) of conservation easements held by the o	- · · · · · · · · · · · · · · · · · · ·	1		
	Preservation of land for public use (for example, r	ecreation or education)	Preservation	n of a historically important land area	a
	Protection of natural habitat		Preservation	of a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held	d a qualified conservatio	n contribution i		
	easement on the last day of the tax year.			Held at the End of the Tax Ye	ear
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified his	storic structure included i	n (a)	2c	
d	Number of conservation easements included in (c) a	equired after July 25, 20	006, and not on		
	a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, trans	ferred, released, extingu	uished, or tern	ninated by the organization during	j the
	tax year				
4	Number of states where property subject to conserv				
5	Does the organization have a written policy rega			-	ı
	violations, and enforcement of the conservation ease				No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations	s, and enforcing	conservation easements during the	year
					
7	Amount of expenses incurred in monitoring, inspecting	ig, handling of violations,	and enforcing of	conservation easements during the y	year
_		N 1 (2.6.4)		470(1)(4)(5)(2)	
8	Does each conservation easement reported on line 2(` ` ` ` ` `	1
_	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization repo				
	balance sheet, and include, if applicable, the text organization's accounting for conservation easement		rganizations ii	manciai statements that describes	trie
Pa	irt III Organizations Maintaining Collections of		ures or Othe	er Similar Assets	
ı a	Complete if the organization answered "			ommar Assets.	
10	If the organization elected, as permitted under FAS			us statement and belence sheet	
1a	of art, historical treasures, or other similar assets	held for public exhibit	ion, education	, or research in furtherance of p	ublic
	service, provide in Part XIII the text of the footnote to	its financial statements	that describes	these items.	
b	If the organization elected, as permitted under FAS				
	art, historical treasures, or other similar assets held provide the following amounts relating to these items		ducation, or res	search in furtherance of public ser	vice,
	(i) Revenue included on Form 990, Part VIII, line 1.			¢	
	(ii) Assets included in Form 990, Part VIII, line 1.				
2	If the organization received or held works of art,				
2				assets for illiancial gain, provide	пе
2	following amounts required to be reported under FAS Revenue included on Form 990, Part VIII, line 1			Q	
a h	Assets included in Form 990, Part X			\$	

8,481,198. Schedule D (Form 990) 2022

917,596.

7,654.

49,989.

5,800,601.

1,705,358.

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

917,596

428,791.

10,787,184.

1,565,386.

3,358,757.

4,986,583

1,557,732

1,653,399

378,802

b Buildings

c Leasehold improvements

d Equipment.......

CHRIS 180, INC. 58-1430183 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
` '	held equity interests			
	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuat	
	(a) Description of investment	(b) book value	Cost or end-of-year mark	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15)		
Part X	Other Liabilities.	<i></i>		
	Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Feder	al income taxes			
(2)OTHER	LIABILITIES			754,732
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)			754,732

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.

Schedule D (Form 990) 2022

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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	1	
	Recoveries of prior year grants	1	
	Other (Describe in Part XIII.)	1	
		2e	
	Add lines 2a through 2d	3	
	Subtract line 2e from line 1	3	
	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		
	investment expenses het meladed en i en i ees, i dit vin, me i e	1	
		40	
С 5	Add lines 4a and 4b	4c 5	
		_	
Part 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	Total expenses and losses per audited financial statements	1	
	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:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE S	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2022 CHRIS 180, INC. 58-1430183 Page **5**

Part XIII Supplemental Information (continued)

ASC-740-10 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

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

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

DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION

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

ORGANIZATION RECEIVED APPROVAL FROM THE IRS THAT IT WAS CONSIDERED TO BE

A PUBLIC CHARITY UNDER SECTION 509(A)(1) AND 170 (B)(1)(A)(VI) OF THE

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

SUPPORT FROM GOVERNMENTAL GRANTS AND THE GENERAL PUBLIC.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX
POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX
POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX
POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING
STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE
ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING
AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX
EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2019.

Schedule D (Form 990) 2022 CHRIS 180, INC. 58-1430183 Page **5**

Part XIII Supplemental Information (continued)

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)

Department of the Treasury

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.

In

OMB No. 1545-0047 Open to Public

	evenue Service	Go	to www.irs.gov/Form9	90 for instru	ictions and t	ne latest information.	1=	Inspection
	he organization						Employer identification	
	180, INC.						58-143018	
Part I		ig Activities. Comp EZ filers are not re	-			Yes" on Form 99	90, Part IV, line 1	7.
1 <u>ln</u>	dicate whether	the organization rais	sed funds through	any of the	following	activities. Check	all that apply.	
a 🗵	X Mail solicita	tions	е	X Solid	itation of	non-government g	grants	
b 📑	X Internet and	l email solicitations	f	X Solid	itation of	government grant	S	
С	Phone solic	itations	g	X Spec	cial fundra	ising events		
d 🗔	X In-person so	olicitations						
	-	tion have a written o	r oral agreement w	ith any ind	dividual (ir	cluding officers o	lirectors trustees	
or b If	key employee "Yes," list the	es listed in Form 990 10 highest paid indi	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	X Yes No No fundraiser is to be
cc	ompensated at	least \$5,000 by the	organization.					
				(iii) Did fun	draiger have		(v) Amount paid to	(vi) A mount poid to
	(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE S	SUPPLEMENT	INFORMATION		Yes	No		.,	
1								
2								
3								
5								
6								
7								
8								
9								
10								
Total			I				00 250	
		which the organiza				contributions or	99,250.	it is exempt from
	egistration or lic		ion io rogiotoroa c	n noonoo	i to conon		nao boon notinoa	ic io oxompt irom
GA,								

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

		gross receipts greater than \$5,000	U.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHRISTAL BALL (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
<u>e</u>			(event type)	(event type)	(total number)	(-7)
Revenue	1	Gross receipts	722,426.			722,426.
8	2	Less: Contributions	706,796.			706,796.
		Gross income (line 1 minus				
_		line 2)	15,630.			15,630
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	5,000.			5,000
Direct Expenses	7	Food and beverages	57,490.			57,490
Direc	8	Entertainment	5,579.			5,579
	9	Other direct expenses	208,190.			208,190.
	10	Direct expense summary. Add lir	nes 4 through 9 in colu	umn (d)		276,259.
	11	Net income summary. Subtract I	ine 10 from line 3, col	umn (d)		-260,629.
Pa	rt III	Gaming. Complete if the org	anization answered "			
		\$15,000 on Form 990-EZ, lin	e 6a.	I		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
-xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9	E	Enter the state(s) in which the orga	anization conducts ga	ming activities:		
a b	. I	s the organization licensed to con f "No," explain:	duct gaming activities	in each of these state	s?	Yes No
	-					
10a b		Nere any of the organization's gaming				Yes No

Schedule G (Form 990) 2022

Sched	lule G (Form 990 or 990-EZ) 2022 CHRIS 180, INC.	8-1430183	Page 3
11	Does the organization conduct gaming activities with nonmembers?		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	Ł	
	records:		
	Name ►		
	Address		
15 a	Does the organization have a contract with a third party from whom the organization receives gami		—
_	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and to	.ne	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name N		
	Name ►		
	Address ►		
	/ Mail 1990 P		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of control months I.S.		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
ı,	Is the organization required under state law to make charitable distributions from the gaming proceed	de to	
а	retain the state gaming license?		No
b			
	or spent in the organization's own exempt activities during the tax year > \$	110113	
Par		and (v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in		
	(see instructions).		
	· · · · · · · · · · · · · · · · · · ·		

CHRIS 180, INC. 58-1430183

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

STRATEGIC FUNDING GROUP

ACTIVITY :

GRANT WRITE

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 99,250.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization						Employer identification	on number
CHRIS 180, INC.						58-1430183	
Part I General Information on Grants an	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	æ?					X Yes No
Part II Grants and Other Assistance to I	Oomestic Or	ganizations aı	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can l	be duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis							

Schedule I (Form 990) (2022) CHRIS 180, INC. 58-1430183

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 rental assistance		714,843.		FMV	
2utilities assistance		195,645.		FMV	
3					
4					
5					
6					
7					

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

PART II

THE GRANT AWARDED DURING 2022 TO THE CHRIS 180 SUPPORT ORGANIZATION, INC.

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

PART III

THE NUMBER OF INDIVIDUAL RECIPIENTS IS NOT DIRECTLY TRACKED.

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number CHRIS 180, 58-1430183 INC

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	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.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			1
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 CHRIS 180, INC. 58-1430183 Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	ind/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KATHY COLBENSON	(i)	281,781.	12,734.		26,372.	10,730.	331,617.	
1 PRESIDENT & CEO	(ii)							
ELIZABETH GOLDBERG	(i)	135,435.	4,365.		4,329.	9,180.	153,309.	
2 CHIEF DEVELOPMENT OFFICER	(ii)							
ANNE CORNELL	(i)	176,171.	1,649.		2,019.	7,980.	187,819.	
3 CHIEF CLINICAL OFFICER	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
- • •	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 CHRIS 180, INC. 58-1430183 Page **3**

Part | 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.

PART I, LINE 4A

IN 2021, POST-SEPARATION BENEFITS WERE AGREED UPON FOR CINDY SIMPSON IN THE AMOUNT OF \$97,490. \$37,166 OF THE BENEFITS WERE PAID IN 2021; \$60,324 OF THE BENEFITS WERE ACCRUED, BUT PAID OUT IN 2022.

IN 2022, POST-SEPARATION BENEFITS WERE AGREED UPON FOR QUEIE BARNETT IN THE AMOUNT OF \$38,486. ALL BENEFITS WERE PAID IN 2022.

PART I, LINE 7

BONUSES ARE AWARDED ON A DISCRETIONARY BASIS.

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 58-1430183

CHRIS 180, INC.

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 o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		8	31,449.	FMV			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
-	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (SEE SUPP PAGE)		347.	189,956.				
26	Other ►()							
27	Other ►()							
28								
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and which is	sn't required			
	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	Х	
32a	Does the organization hire or use				sell noncash			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	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) 2022

describe in Part II.

Schedule M (Form 990) (2022)

Part II Supp

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, Part II or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I	- OTHER NO	NCASH CONTRIBUTIONS	1	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MISCELLANEOUS G	X	347	189,956.	FMV
TOTALS		347.	189,956.	

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Omage No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

58-1430183

CHRIS 180, INC

FORM 990, PART III, LINE 4A

BEHAVIORAL HEALTH SERVICES CONTINUED:

CHRIS 180 RECOGNIZES THAT THE SOCIAL DETERMINANTS OF HEALTH IMPACT A
PERSON'S ABILITY TO BENEFIT FROM MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES AND ITS PROGRAMS, SERVICES AND PARTNERSHIPS ADDRESS THESE
DETERMINANTS SO THAT PEOPLE HAVE THE OPPORTUNITY TO THRIVE.

CHRIS 180 IS FOCUSED ON DECREASING STIGMA, ELIMINATING BARRIERS TO INCREASE ACCESS, AND EXPANDING OUR IMPACT THROUGH PARTNERSHIPS,

PLACE-BASED COUNSELING, AND SUBSTANCE ABUSE SERVICES IN-PERSON, IN

COMMUNITIES AND THROUGH TELEHEALTH. IN 2022 CHRIS 180 COMPLETED YEAR FIVE

OF A FIVE-YEAR CONTRACT WITH FULTON COUNTY TO PROVIDE BEHAVIORAL HEALTH

AND SUBSTANCE ABUSE SERVICES FOR UNINSURED CHILDREN, ADOLESCENTS, AND

YOUNG ADULTS UP TO AGE 25 IN FULTON COUNTY AND WON A TEN-YEAR CONTRACT

WITH FULTON COUNTY BEHAVIORAL HEALTH TO EXPAND BEHAVIORAL HEALTH SERVICES

TO MORE YOUTH. IN ADDITION, CHRIS 180 WAS THE ONLY NONPROFIT IN GEORGIA

TO WIN A FOUR-YEAR SAMHSA AWARD TO BECOME A CERTIFIED COMMUNITY

BEHAVIORAL HEALTH CENTER. THIS WILL ENABLE CHRIS 180 TO CONTINUE TO

EXPAND ACCESS TO SERVICES IN THE COMMUNITY.

THROUGHOUT 2022, IN ADDITION TO DIRECT COUNSELING, CHRIS 180 PROVIDED IN

PERSON CHAPLAINCY/SPIRITUAL CARE EDUCATION AND TRAINING THROUGH OUR

NATIONALLY ACCREDITED SPIRITUAL HEALTH AND WELLNESS PROGRAM IN

PARTNERSHIP WITH NORTHSIDE HOSPITAL AND NORTHSIDE GWINNETT HOSPITAL WHICH

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INC

CHRIS 180,

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

58-14<u>30</u>183

BENEFITED COUNTLESS HOSPITAL PATIENTS.

THERAPISTS UTILIZE 27 DIFFERENT EVIDENCED BASED TREATMENT MODALITIES TO ENSURE PEOPLE RECEIVED THE INDIVIDUALLY TAILORED ASSISTANCE THEY NEEDED TO HELP THEM DEVELOP THE SKILLS REQUIRED TO HEAL, BUILD PERSONAL RESILIENCY, AND SUSTAIN RECOVERY. THERAPISTS USED THEIR SKILLS TO HELP PEOPLE CONFRONT, RECOVER, AND HEAL FROM TRAUMAS INCLUDING PAST SEXUAL, PHYSICAL AND EMOTIONAL ABUSE AND THE IMPACT OF OTHER ADVERSE CHILDHOOD/LIFE EXPERIENCES. CHRIS 180 CONTINUES TO PARTNER WITH EMORY UNIVERSITY MEDICAL SCHOOL AND THE MOREHOUSE SCHOOL OF MEDICINE ENABLING PSYCHIATRIC FELLOWS TO FURTHER THEIR TRAINING AND AS WELL AS SEVERAL LOCAL COLLEGES TO PROVIDE SUPERVISED INTERNSHIP EXPERIENCES FOR MASTER'S LEVEL CLINICAL INTERNS.

IN ADDITION TO SCHOOL BASED MENTAL HEALTH SERVICES, DURING 2022 AN AFTERSCHOOL PARTNERSHIP WAS ESTABLISHED WITH THE BOYS AND GIRLS CLUB OF ATLANTA AND THREE SUMMER CAMPS AT WHICH SCHOOL-BASED THERAPISTS PROVIDED SERVICES IMPACTING A TOTAL OF 2,949 CAMPERS. THESE CAMPS INCLUDED THE YMCA, CITY CAMPS, AND THE LEAD CENTER FOR YOUTH BASEBALL CAMP. (THESE NUMBERS ARE NOT COUNTED IN THE TOTAL SERVED.)

ACROSS ALL LOCATIONS COUNSELING WAS PROVIDED IN THE CHRIS COUNSELING

CENTER - ATLANTA; THE CHRIS COUNSELING CENTER - DEKALB; THE CHRIS

COUNSELING CENTER - GWINNETT; THE ADAMSVILLE HEALTH CENTER, THE OAKHILL

SERVICE CENTER AND THE NORTH FULTON ANNEX IN FULTON COUNTY; THE SPOT

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 58-1430183

Name of the organization CHRIS 180, INC

DROP-IN-CENTER, THREE AT PROMISE CENTERS THE WESTSIDE EMPOWERMENT CENTER IN ATLANTA; 76 SCHOOLS IN THE CITY OF ATLANTA, FULTON COUNTY, CLAYTON COUNTY AND DEKALB COUNTY PUBLIC SCHOOL SYSTEMS; AT PARTNER LOCATIONS; IN

FORM 990, PART III, LINE 4B

RESIDENTIAL AND HOUSING SERVICES CONTINUED:

THE COMMUNITY AND THROUGH TELEHEALTH.

BECAUSE CHRIS 180 BELIEVES THAT EVERY CHILD DESERVES A SAFE, LOVING HOME AND THAT NO CHILD SHOULD AGE OUT OF FOSTER CARE, A TRAUMA INFORMED ADOPTION PROGRAM HAS THE GOAL OF NO FAILED ADOPTIONS. DURING 2022 TWELVE NEW ADOPTION HOMES WERE OPENED AND ONE ADOPTION WAS FINALIZED. THERE HAVE BEEN NO ADOPTION FAILURES SINCE THE PROGRAM'S INCEPTION. CHRIS ADOPTIONS PROVIDES A UNIQUE SET OF TRAUMA INFORMED SERVICES AND SUPPORT TO ENSURE THAT CHILDREN IN FOSTER CARE TRULY HAVE A FOREVER FAMILY. IN 2013, CHRIS 180 DEVELOPED A TRAUMA INFORMED FOSTER CARE ADOPTION MODEL (TIFCAM) WITH THE GOAL OF REDUCING - AND ELIMINATING - FAILED ADOPTIONS FOR CHILDREN IN FOSTER CARE.

HOUSING SERVICE COMPONENTS FOR THE COMMUNITY INCLUDE CHRIS 180'S SPOT

DROP-IN-CENTER FOR YOUTH EXPERIENCING HOMELESSNESS,

EMERGENCY/TRANSITIONAL AND PERMANENT HOUSING IN THE COMMUNITY AND CHRIS

180'S PERMANENT SUPPORTIVE HOUSING PROGRAM AT SUMMIT TRAIL APARTMENTS FOR

SINGLE AND PARENTING YOUNG ADULTS, 18 - 24 UPON ENTRY, WHO ARE

EXPERIENCING HOMELESSNESS OR WHO ARE AGING OUT OF FOSTER CARE. THE

AVERAGE LENGTH OF STAY IN 2022 WAS 15 MONTHS FOR 91 INDIVIDUALS WHO

Supplemental Information to Form 990 or 990-EZ

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58-1430183

CHRIS 180, INC

RECEIVED AN ARRAY OF SERVICES TO PREPARE THEM FOR GREATER INDEPENDENCE.

THE 189 YOUTH AT THE SPOT RECEIVED SUPPORT, COUNSELING, LIFE/JOB SKILL DEVELOPMENT, EMERGENCY ASSISTANCE AND CONNECTION TO HOUSING. MOST YOUTH RECEIVE MULTIPLE SERVICES WITH 90% OF YOUTH USING AT LEAST ONE SERVICE COMPONENT. DURING 2022, CHRIS 180 ADDED ANOTHER HOUSING INITIATIVE THROUGH THE CREATION OF A MULTI-GENERATIONAL PILOT PROGRAM, THE GLOVER PROJECT, WITH AN ELDERLY WOMAN AND TWO YOUNG MOTHERS WITH BABIES/TODDLERS LIVING IN SEPARATE UNITS IN A HOME IN A NEIGHBORHOOD. THE SENIOR FUNCTIONS AS A MATERNAL RESOURCE WHILE THE YOUNG MOTHERS PREPARE TO MOVE TOWARD GREATER INDEPENDENCE. IN ADDITION TO THIS THE OUTREACH AND COMMUNITY HOUSING PROGRAM PROVIDED AN 532 INDIVIDUALS WHO DESPERATELY NEEDED ASSISTANCE WITH HOUSING AND SUPPORTS IN THE COMMUNITY.

FORM 990, PART III, LINE 4C

COMMUNITY SERVICES CONTINUED:

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 BUILD RESILIENCY AND ACHIEVE THEIR GOALS SO THAT FAMILIES AND EACH PERSON IN THE FAMILY CAN BUILD A NATURAL SUPPORT SYSTEM IN THE COMMUNITY AND LEARN THE TOOLS AND SKILLS NECESSARY TO HELP THEMSELVES. MULTI-GENERATIONAL TRAUMA IS ADDRESSED IN FAMILIES WITH VERY YOUNG CHILDREN THROUGH THE NEW GENERATIONS PROGRAM WHICH WORKS IN PARTNERSHIP WITH EARLY LEARNING CENTER HELPING CHILDREN, 0-5, AND

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

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Name of the organization

CHRIS 180, INC.

58-1430183

FAMILY MEMBERS. IN ADDITION, SPECIALIZED WRAPAROUND SERVICES ARE ALSO PROVIDED FOR FAMILIES IMPACTED BY OPIOID AND SUBSTANCE ABUSE. 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. DURING 2022, 2,684 INDIVIDUALS RECEIVED SERVICES.

COMMUNITY INITIATIVES AND SERVICES ALSO INCLUDE FOCUSED PROGRAMMING IN FIVE CITY OF ATLANTA POLICE ZONES THROUGH THE DROP IN CENTER, THREE AT PROMISE CENTERS, THE WESTSIDE EMPOWERMENT CENTER'S COMMUNITY HEALTH WORKER, HOUSING AND COUNSELING PROGRAMS, THE CURE VIOLENCE PROGRAM LAUNCHED IN 2020 IN THE MIDST OF ATLANTA'S SOCIAL AND RACIAL UNREST, AND THE TEEN VIOLENCE REDUCTION PROGRAM LAUNCHED IN 2022. INTERFACING WITH SCHOOL BASED MENTAL HEALTH SERVICES PROVIDED IN TITLE 1 SCHOOLS IN THESE ZONES AND WITH CHRIS 180'S SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS, THESE PROGRAMS WORK IN PARTNERSHIP WITH COMMUNITY RESIDENTS AND NEIGHBORHOODS TO INTERVENE IN THE LIVES OF CHILDREN, TEENS AND YOUNG ADULTS TO HELP THEM CHANGE THE DIRECTION OF THEIR LIVES TO PRODUCTIVITY AND SUCCESS. CHRIS 180 OPERATES CURE VIOLENCE ATLANTA IN NPU-V OF ZONE 3 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 HELP COMMUNITY RESIDENTS RECEIVE EMPOWERING SUPPORT TO ADDRESS COMMUNITY VIOLENCE AND RE-CLAIM SPACES WHERE VIOLENCE OCCURRED. TRAINING FOR RESIDENTS IN

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.

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2022

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Department of the Treasury Internal Revenue Service Name of the organization

INC

CHRIS 180,

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Employer identification number 58-1430183

HEALING CIRCLES AND BUILDING TRAUMA RESPONSE NETWORKS CONTINUED TO EXPAND IN 2022 AND AT THE END OF 2022, CHRIS 180 RECEIVED NOTIFICATION OF A CONTRACT IN 2023 WITH THE CITY OF ATLANTA TO EXPAND THE CURE VIOLENCE PROGRAM IN SOUTHWEST ATLANTA. DURING THE YEAR 1,995 INDIVIDUALS RECEIVED SERVICES AND/OR SUPPORT. ALL COMMUNITY SERVICES WORK TOGETHER AND IN PARTNERSHIP WITH OTHER COMMUNITY PROVIDERS, LEVERAGING EACH PARTNER'S STRENGTHS TO ACCOMPLISH GOALS.

IN ORDER TO ENHANCE SERVICES TO POPULATIONS WITH NEED WHILE AVOIDING DUPLICATION OF SERVICES, CHRIS 180 SEEKS TO LEVERAGE OUR STRENGTHS AND THE STRENGTHS OF PARTNERS THROUGH CREATING PARTNERSHIPS DESIGNED TO FULFILL OUR MISSIONS IN THE MOST COST EFFECTIVE, EFFICIENT MANNER. TO THIS END, DURING 2022, CHRIS 180 MAINTAINED MOUS WITH OVER 50 NON-PROFIT, FOR-PROFIT AND PUBLIC PARTNERS INCLUDING THE ATLANTA POLICE FOUNDATION, THE OFFICE OF OFFENDER ALUMNI, THE FULTON COUNTY DISTRICT ATTORNEY'S OFFICE, LUTHERAN INTERNATIONAL REFUGEE SERVICES, ATLANTA VOLUNTEER LAWYERS, THE URBAN LEAGUE OF ATLANTA, THE BOYS AND GIRLS CLUB, ENDEAVORS, FOUR DIFFERENT PUBLIC-SCHOOL SYSTEMS IN METRO ATLANTA AND THREE FEDERALLY QUALIFIED HEALTH CENTERS, MERCY CARE, WHITEFOORD AND GOOD SAMARITAN. AS A RESULT, BARRIERS TO SERVICES WERE REDUCED AND ACCESS TO ESSENTIAL TRAUMA INFORMED COUNSELING AND OTHER SERVICES WERE INCREASED FOR CHILDREN, ADULTS AND FAMILIES AS WELL AS FOR CLIENTS OF OTHER NONPROFITS. A PARTNERSHIP WITH THE GEORGIA PARTNERSHIP FOR TELEHEALTH CONTINUES TO EXPAND SERVICES ON BEHALF OF OUR CLIENTS. TRAINING PARTNERS INCLUDE THE ATLANTA PUBLIC SCHOOLS, DEKALB COUNTY PUBLIC SCHOOLS, PURPOSE BUILT

Supplemental Information to Form 990 or 990-EZ

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2022

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Employer identification number 58-1430183

CHRIS 180, INC

JOOLS AND STIELTEDING ADMS INTERD MAY AND THE GEODGIA DEDARTMENT OF

SCHOOLS, YMCA, SHELTERING ARMS, UNITED WAY, AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES. OTHER COLLABORATIVE PARTNERSHIPS IN 2022 INCLUDED THE, THE GRADY TRAUMA PROJECT, OUR HOUSE, OPEN DOORS, THE CRIMINAL JUSTICE COORDINATING COUNCIL, GEORGIA STATE UNIVERSITY, FULTON COUNTY SHERIFF'S OFFICE, AND THE JUVENILE COURTS OF FULTON, DEKALB AND GWINNETT COUNTIES.

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 2021, 10,051 UNDUPLICATED EXTERNAL INDIVIDUALS RECEIVED TRAINING FROM THE CHRIS TRAINING INSTITUTE WHICH WAS CALLED UPON TO PROVIDE EXTENSIVE TRAINING IN TRAUMA AND OTHER BEST PRACTICES IN WORKING WITH TRAUMATIZED CHILDREN AS WELL AS CHILD WELFARE CONSULTING FOR STAFF HIRED TO WORK FEDERAL SHELTERS SET UP FOR UNACCOMPANIED MINORS. TRAININGS OFFERED BY THE CHRIS TRAINING INSTITUTE INCLUDE TRAUMA STARS WHICH IS CHRIS 180'S SIGNATURE TRAUMA TRAINING PROGRAM UTILIZING THE EVIDENCE-BASED ATTACHMENT, REGULATION AND COMPETENCY FRAMEWORK. YOUTH/ADULT MENTAL HEALTH FIRST AID AND

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or 990-EZ.

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2022

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Employer identification number 58–1430183

CHRIS 180, INC

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 2021 TO BOTH INTERNAL AND EXTERNAL PARTICIPANTS.

SPECIALIZED TRAINING WAS ALSO PROVIDED 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 PROVIDED TO MIDDLE MANAGERS AT CHRIS 180 AND
VIRTUAL COURSES IN EDUTAINMENT ARE HELPING ALL CHRIS 180 DEPARTMENTS

FORM 990, PART VI, LINE 2

APRIL ESTES AND KIMBERLEY EUSTON- BUSINESS RELATIONSHIP
TODD ELLIS AND MICHAEL LAMMONS- BUSINESS RELATIONSHIP

AND PROGRAMS DEVELOP AND CONDUCT EFFECTIVE VIRTUAL MEETINGS.

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

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INC

CHRIS 180,

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

58-1430183

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

FORM 990, PART VI, LINE 15A

FOR FURTHER NEEDS.

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.

Name of the organization

CHRIS 180, INC.

Employer identification number

58-1430183

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 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, REAL-WORLD SKILL BUILDING AND INITIATIVES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING GUN AND COMMUNITY VIOLENCE. CHRIS IS AN ACRONYM FOR OUR VALUES: CREATIVITY, HONOR, RESPECT, INTEGRITY, SAFETY. CHRIS 180'S GOAL IS TO EMPOWER PEOPLE SO THAT THEY CAN HEAL, BUILD RESILIENCY AND DEVELOP THE SKILLS THEY NEED TO NAVIGATE LIFE'S CHALLENGES AND LIVE FULLER, RICHER LIVES AS CONTRIBUTING MEMBERS OF THE COMMUNITY. DURING 2022, LIFE CHANGING SERVICES WERE PROVIDED BY CHRIS 180 TO 13,632 PEOPLE THROUGH ITS VARIOUS PROGRAMS AND SERVICES AND SPECIALIZED TRAINING WAS PROVIDED TO AN ADDITIONAL 4,775 COMMUNITY PROFESSIONALS, PARAPROFESSIONALS, SCHOOL PERSONNEL AND INDIVIDUALS. NOT COUNTED IN THIS NUMBER ARE INDIVIDUALS IN THE COMMUNITY WHO RECEIVED HELP AND SUPPORT THROUGH HEALING CIRCLES, THE TRAUMA RESPONSE NETWORK, COMMUNITY EVENTS AND FOOD DISTRIBUTION.

A VALUES DRIVEN MULTI-SERVICE BEHAVIORAL HEALTH ORGANIZATION, CHRIS 180 EXISTS TO IMPROVE THE LIVES OF CHILDREN, ADULTS AND FAMILIES THROUGH INNOVATIVE, TRAUMA INFORMED PRACTICES THAT INSPIRE HOPE AND HELP PEOPLE THROUGHOUT THE COMMUNITY BUILD RESILIENCY AND THRIVE. CHRIS 180 ACCOMPLISHES THIS PURPOSE THROUGH A CONTINUUM OF TRAUMA INFORMED SERVICES, PARTNERSHIPS AND TRAININGS THAT ACKNOWLEDGE AND ADDRESS THE IMPACTS OF HISTORICAL AND GENERATIONAL TRAUMA, STRUCTURAL AND SYSTEMIC RACISM, INEQUITY, IMPLICIT BIAS, AND DISCRIMINATION IN ANY FORM. ALL SERVICES ARE GROUNDED IN ACCEPTANCE OF PEOPLE FOR WHO THEY ARE, WHERE THEY ARE, AND THE BELIEF THAT THE VOICES OF THOSE WE SERVE MUST GUIDE SERVICE DELIVERY. SERVICES ARE DESIGNED TO PROMOTE HEALING AND RECOVERY, FOSTER INDIVIDUAL ACCOUNTABILITY, BUILD RESILIENCY, AND UNLOCK THE POTENTIAL THAT EXISTS WITHIN EACH PERSON.

Name of the organization

CHRIS 180, INC.

Employer identification number

58-1430183

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE						

THE CHRIS TRAIN	1,242,028.	755,836.

TOTALS	1,242,028.	755,836.

Page 2

Name of the organization

CHRIS 180, INC.

Employer identification number
58-1430183

FORM 990, PART VII-COMPENSATION OF THE 5 HIGH		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CC DESIGN		
2740 KINJAC DR		
MARIETTA, GA 30066	DESIGN/ REPAIR SRVCS	332,395.
TUCKER SQUARE APARTMENT HOMES		
1313 STONE MILL WAY		
STONE MOUNTAIN, GA 30083	RESIDENTIAL SERVICES	239,109.
YARDSTICK MANAGEMENT LLC		
1175 PEACHTREE ST NE		
ATLANTA, GA 30361	DEIB TRAINING	197,814.
THE RESERVE AT STONE CREEK APARTMENTS		
1420 S HAIRSTON RD		
STONE MOUNTAIN, GA 30088	RESIDENTIAL SERVICES	191,836.
PRADO CENTURY PLACE, LLC		
PO BOX 22047		
TAMPA, FL 33622	RESIDENTIAL SERVICES	151,120.

==========

235,743.

TOTALS

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

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION BOOK VALUE

DEFERRED REVENUE 8,000.

TOTALS 8,000.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

CHRIS 180, INC. 58-1430183

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

(a) Name, address, and EIN (if appli	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) CHRIS PROPERTIES, LLC		45-5219835					
1030 FAYETTEVILLE ROAD	ATLANTA,	GA 30316	PROG. OFFICE	GA	244,909.	2,831,257.	N/A
(2) CHRIS 180 OPERATIONS, LLC		46-0567666					
1030 FAYETTEVILLE ROAD	ATLANTA,	GA 30316	SUPP. SVC.	GA	34,034,493.	22,769,708.	N/A
(3) CHRIS PROPERTIES GRAHAM CIRC	LE, LLC	46-0909115					
1030 FAYETTEVILLE ROAD	ATLANTA,	GA 30316	SUPP. HOUSING	GA	342,240.	3,851,986.	N/A
(4) CHRIS HOMES PROPERTIES, LLC		46-0916288					
1030 FAYETTEVILLE ROAD	ATLANTA,	GA 30316	HOMES	GA	702,431.	1,435,278.	N/A
_(5)							
(6)		<u> </u>					

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

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

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

Schedule R (Form 990) 2022

Page 2 Schedule R (Form 990) 2022 CHRIS 180, INC. 58-1430183

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. Part III

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			oouy/		,			Yes	No		Yes	No	
(1)													
		1											
(2)													
_(-/		-											
(3)													
(0)		-											
(4)													
(+)		-											
(5)													
(0)													
(6)													
(0)		1											
(7)													
(1)		1											

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. Part IV

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

Schedule R (Form 990) 2022 CHRIS 180, INC. 58-1430183 Page **3**

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	NO
1	During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations list	ed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
_	Reimbursement paid by related organization(s) for expenses				1q		Х
•							
r	Other transfer of cash or property to related organization(s)				1r		Χ
s	Other transfer of cash or property from related organization(s)				1s		Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including cover	red relationships and transa	action thres	sholds	S.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d)	rminin	a
	Name of related organization	type (a - s)	Amount involved		nt invo		3
(1)	CHRIS 180 SUPPORT ORGANIZATION, INC	K	137,667.	FMV			_
(0)							
(2)							_
(0)							
(3)							—
(4)							
(4)							—
(E)							
(5)							_
(e)							
(6)							

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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.

Name, address,	a) and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(partners tion c)(3) cations?	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
				sections 512 - 514)	Yes	No		Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Part VII

Supplemental Information

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