

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: CHRIS 180 INC
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1017 FAYETTEVILLE ROAD SUITE B
 City or town, state or province, country, and ZIP or foreign postal code: ATLANTA, GA 30316

D Employer identification number: 58-1430183
E Telephone number: (404) 486-9034
G Gross receipts \$ 20,526,049

F Name and address of principal officer: KATHERINE COLBENSON, 1017 FAYETTEVILLE ROAD SUITE B, ATLANTA, GA 30316

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: WWW CHRIS180 ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1981 **M** State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO HEAL CHILDREN, STRENGTHEN FAMILIES, AND BUILD COMMUNITY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	366
6 Total number of volunteers (estimate if necessary)	313
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,274,509	7,951,315
9 Program service revenue (Part VIII, line 2g)	10,784,354	12,239,378
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,159	17,335
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,141	111,627
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,129,163	20,319,655
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,644,077	10,877,127
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶644,299		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,085,815	4,316,522
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,729,892	15,193,649
19 Revenue less expenses Subtract line 18 from line 12	3,399,271	5,126,006

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,919,415	22,507,180
21 Total liabilities (Part X, line 26)	7,723,679	8,185,438
22 Net assets or fund balances Subtract line 21 from line 20	9,195,736	14,321,742

Part II Signature Block

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

Sign Here
 Signature of officer: *****
 Date: 2018-07-27
 KATHERINE COLBENSON PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: AILEEN B BOLGER
 Preparer's signature: AILEEN B BOLGER
 Date: 2018-07-27
 Check if self-employed
 PTIN: P01259088
 Firm's name: BROOKS MCGINNIS & COMPANY LLC
 Firm's EIN: 58-2161308
 Firm's address: 5607 GLENRIDGE DR STE 650
 Phone no: (404) 531-4940
 ATLANTA, GA 303424959

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO HEAL CHILDREN, STRENGTHEN FAMILIES, AND BUILD COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,902,813 including grants of \$) (Revenue \$ 3,676,661) See Additional Data

4b (Code) (Expenses \$ 4,667,604 including grants of \$) (Revenue \$ 3,919,336) See Additional Data

4c (Code) (Expenses \$ 1,095,695 including grants of \$) (Revenue \$ 602,896) See Additional Data

(Code) (Expenses \$ 3,506,686 including grants of \$) (Revenue \$ 4,040,485) KEEPING FAMILIES TOGETHER (KFT) KFT ASSISTS GEORGIA'S MOST VULNERABLE CHILDREN AND THEIR FAMILIES IN BUILDING A PLAN OF SUPPORT AND SERVICES TO HELP THEM ESTABLISH SAFETY AND STABILITY IN THEIR HOMES AND STRENGTHEN THE FAMILY UNIT, ENABLING THEM TO BECOME STRONGER AND STAY TOGETHER UTILIZING A HIGH FIDELITY WRAPAROUND MODEL, FAMILIES ARE HELPED TO NAVIGATE MULTIPLE SYSTEMS AND COMMUNITY SERVICES WHILE RECEIVING PREVENTION, REUNIFICATION AND SUPPORT SERVICES THAT HELP THEM ACHIEVE THEIR GOALS SO THAT, IN THE FUTURE, FAMILIES AND EACH INDIVIDUAL WITHIN THE FAMILY HAS BUILT A NATURAL SUPPORT SYSTEM IN THE COMMUNITY AND HAS THE SKILLS TO HELP THEMSELVES AT THE END OF 2017, CHRIS 180 EXPANDED KFT COMMUNITY SERVICES TO WORK WITH INCARCERATED YOUNG ADULTS, INCLUDING YOUNG PARENTS THROUGH RE-ENTRY PROGRAMS IN DEKALB AND FULTON COUNTIES DURING 2017, 1,518 INDIVIDUALS RECEIVED ASSISTANCE -SAFETY WAS ENSURED FOR 100% OF ALL CHILDREN IN ALL FAMILIES -91% OF FAMILIES WERE STRENGTHENED, AVOIDING DISRUPTION THROUGH HOSPITALIZATION, INCARCERATION OR THE OUT-OF-HOME PLACEMENT OF A CHILD -93% OF YOUTH CLASSIFIED AS DESIGNATED JUVENILE FELONS GRADUATED WITH NO NEW JUVENILE CHARGES AND REMAINED WITH THEIR FAMILIES, AVOIDING RE- INCARCERATION -98% OF FAMILIES REPORTED THAT THEY WOULD RECOMMEND CHRIS 180 SERVICES TO OTHERS CHRIS ADOPTIONS CHRIS ADOPTIONS PROVIDES A UNIQUE SET OF TRAUMA INFORMED SERVICES AND SUPPORTS TO ENSURE THAT CHILDREN IN FOSTER CARE TRULY HAVE A FOREVER FAMILY, BECAUSE NO CHILD SHOULD EVER HAVE TO AGE OUT OF FOSTER CARE IN 2013, CHRIS 180 DEVELOPED A TRAUMA INFORMED FOSTER CARE ADOPTION MODEL WITH THE GOAL OF REDUCING - AND ELIMINATING - FAILED ADOPTIONS FOR CHILDREN IN FOSTER CARE GATEWAY FOSTER HOMES WERE ENVISIONED AND CREATED BY CHRIS 180 TO SUPPORT THE ADOPTION MODEL AND PROCESS BY PROVIDING SPECIALIZED FOSTER HOMES FOR SIBLING GROUPS WHO ARE IN FOSTER CARE, BUT WHO ARE OFTEN PLACED IN HOTELS TEMPORARILY, ARE SEPARATED INTO DIFFERENT FOSTER HOMES OR FOR WHOM THE SEPARATION OF SIBLINGS CAN BE AVOIDED IN THE FIRST PLACE CHRIS 180 CURRENTLY OPERATES TWO GATEWAY FOSTER HOMES AND HAS SUCCESSFULLY FACILITATED THE ADOPTION OF TWO SIBLING GROUPS AS A RESULT OF RE-UNIFYING SIBLINGS IN THESE HOMES THREE ADDITIONAL GATEWAY FOSTER HOMES FOR SIBLINGS WILL BE OPENED AS A RESULT OF THE CURRENT CAPITAL CAMPAIGN AND WILL HELP ADDRESS PLACEMENT CHALLENGES FOR SIBLINGS DURING 2017, 57 INDIVIDUALS WERE SERVED, 24 PROSPECTIVE PARENTS COMPLETED TRAINING, 5 CHILDREN WERE PLACED IN THEIR ADOPTIVE HOMES AND 9 CHILDREN WERE ENGAGED IN THE MATCHING PROCESS WITH PROSPECTIVE FAMILIES THERE HAVE BEEN NO ADOPTION DISRUPTIONS SINCE THE PROGRAM'S INCEPTION CHRIS CLUBHOUSE/DROP IN CENTER AS A RESULT OF A SERVICE NEEDS ASSESSMENT AND DISCUSSION WITH THE STATE OF GEORGIA'S DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD), IT WAS JOINTLY DECIDED TO RESPOND TO THE CRISIS OF YOUTH HOMELESSNESS BY CONVERTING THE CLUBHOUSE WHICH HELPED 15 - 21 YEAR OLDS TO A DROP IN CENTER SERVING 16 - 24 YEAR OLDS DURING JULY AND AUGUST OF 2017 TO FOCUS ON HELPING MORE HOMELESS YOUTH AND YOUNG ADULTS MAKE A SAFE TRANSITION TO ADULTHOOD BY ASSISTING THEM IN MEETING THEIR NEEDS FOR SAFE HOUSING, COUNSELING, EMPLOYMENT AND SUPPORT SERVICES DURING 2017, THE CHRIS CLUBHOUSE AND THE DROP IN CENTER HELPED 84 YOUTH -85% OF YOUTH HELPED IN THE CLUBHOUSE DEMONSTRATED IMPROVEMENT IN FUNCTIONING ON THE CANS, A NATIONAL MEASURE OF IMPROVEMENT -21% OF YOUTH WERE REFERRED FOR HOUSING ASSESSMENTS -16% OF YOUTH WERE SUCCESSFULLY LINKED TO STABLE HOUSING, EMPLOYMENT OR SECURED VITAL RECORDS COMMUNITY PARTNERSHIPS IN ORDER TO ENHANCE SERVICES TO POPULATIONS WITH NEED WHILE AVOIDING DUPLICATION OF SERVICES, CHRIS 180 SEEKS TO LEVERAGE OUR STRENGTHS AND THE STRENGTHS OF OUR PARTNERS BY SUPPORTING THE CREATION OF PARTNERSHIPS DESIGNED TO FULFILL OUR MISSIONS IN THE MOST COST EFFECTIVE, EFFICIENT MANNER TO THIS END, DURING 2017 CHRIS 180 MAINTAINED MOUS WITH ALMOST 50 NON-PROFIT AND FOR-PROFIT PARTNERS INCLUDING THE ATLANTA POLICE FOUNDATION, THE URBAN LEAGUE OF ATLANTA, THE BOYS AND GIRLS CLUB AND FOUR DIFFERENT PUBLIC SCHOOL SYSTEMS IN METRO ATLANTA AND TWO FEDERALLY QUALIFIED HEALTH CENTERS, MERCY CARE AND HEALING COMMUNITY AS A RESULT, BARRIERS TO SERVICES WERE REDUCED AND ACCESS TO ESSENTIAL TRAUMA INFORMED COUNSELING AND OTHER SERVICES WERE INCREASED FOR CHILDREN, ADULTS AND FAMILIES AS WELL AS FOR CLIENTS OF OTHER NONPROFITS A PARTNERSHIP WITH THE GEORGIA PARTNERSHIP FOR TELEHEALTH CONTINUES TO EXPAND SERVICES ON BEHALF OF OUR CLIENTS TRAINING PARTNERS INCLUDE THE ATLANTA PUBLIC SCHOOLS, DEKALB COUNTY PUBLIC SCHOOLS, COURT APPOINTED SPECIAL ADVOCATES (CASA), UNITED WAY, NEW AMERICAN PATHWAYS, AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES OTHER COLLABORATIVE PARTNERSHIPS IN 2017 INCLUDED THE NEW HOPE ENTERPRISES, YEAR UP, THE GRADY TRAUMA PROJECT, OUR HOUSE, OPEN DOORS, THE CRIMINAL JUSTICE COORDINATING COUNCIL, GEORGIA STATE UNIVERSITY, AND GWINNETT KIDS NET 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 MENTAL HEALTH AND ADDICTION TREATMENT AS WISE INVESTMENTS IN THE FUTURE TRAINING WAS PROVIDED FOR 754 INTERNAL STAFF PARTICIPANTS IN ADDITION TO INDIVIDUALS IN THE BROADER COMMUNITY DURING 2017, 1,704 UNDUPLICATED EXTERNAL INDIVIDUALS ATTENDED TRAININGS OF THESE, 924 INDIVIDUALS PARTICIPATED IN ONE TO THREE DAYS OF TRAINING IN TRAUMA STARS, CHRIS 180'S SIGNATURE TRAUMA TRAINING PROGRAM, INCLUDING 449 SCHOOL PERSONNEL TRAUMA ASSESSMENT TRAINING WAS PROVIDED FOR 39 PARTICIPANTS AND 142 PARTICIPANTS WERE TRAINED IN THE PREVENTION OF CHILD SEXUAL ABUSE TRAINING IN WORKING WITH LGBT YOUTH AND BULLYING WAS PROVIDED TO 253 INDIVIDUALS DURING 2017, YOUTH/ADULT MENTAL HEALTH FIRST AID AND MANY OTHER CLINICAL PROFESSIONAL COURSES SUCH AS MOTIVATIONAL INTERVIEWING, ETHICS TRAINING, DIALECTICAL BEHAVIORAL THERAPY, PLAY THERAPY AND COMPREHENSIVE CHILD AND FAMILY ASSESSMENT TRAININGS WERE PROVIDED AS WELL YOUTH BUILD THE YOUTH BUILD PROGRAM IS FUNDED THROUGH A GRANT WITH THE DEPARTMENT OF JUSTICE DURING 2017, 24 YOUNG ADULTS, 62% OF WHOM HAD AN ACE SCORE OF FOUR OR MORE, RECEIVED HELP AND 81% ATTAINED A GED AND /OR CONSTRUCTION CERTIFICATION A PARTNERSHIP WITH ATLANTA HABITAT AND QUEST COMMUNITY DEVELOPMENT PROVIDED OPPORTUNITIES FOR IN THE FIELD CONSTRUCTION EXPERIENCE AT PROMISE YOUTH CENTER THE AT-PROMISE YOUTH CENTER WAS OPENED IN AUGUST 2017 IN PARTNERSHIP WITH THE ATLANTA POLICE FOUNDATION WITH CHRIS 180 SERVING AS THE LEAD ORGANIZATION COORDINATING SERVICES WITH THREE PARTNERS - THE BOYS AND GIRLS CLUB, THE URBAN LEAGUE OF ATLANTA AND STREET SMART YOUTH PROJECT CHRIS 180 IS THE INITIAL POINT OF CONTACT AND ALL SERVICES ARE GUIDED BY A CHRIS 180 ASSESSMENT WHILE THE GOAL OF THE CENTER IS TO SERVE AS A DETENTION/JAIL DIVERSION AND INTERVENTION CENTER TO HELP YOUTH AND YOUNG ADULTS, IT HAS BEEN ACCESSED BY A WIDE RANGE OF INDIVIDUALS SEEKING ASSISTANCE AT PROMISE HAS HELPED 151 YOUTH WITH THERAPY, CASE MANAGEMENT SERVICES, LIFE SKILLS, GED, WORKFORCE DEVELOPMENT, TUTORING, LEADERSHIP DEVELOPMENT, SUBSTANCE ABUSE EDUCATION AND HIV TESTING OF THE YOUTH SERVED 59% OF YOUTH BETWEEN THE AGES OF 15 AND 18 HAD AN ACE SCORE OF FOUR OR MORE AND 67% OF THE YOUNG ADULTS, AGES 19 THROUGH 25 HAD AN ACE SCORE OF FOUR OR MORE IN ADDITION, THE AT-PROMISE CENTER HAS HELPED 51 FAMILIES AND YOUNG ADULTS WHO WERE OR ARE HOMELESS SINCE THE CENTER OPENED, OVER 270 INDIVIDUALS IN ONE OF THE MOST DISTRESSED AND UNDERSERVED COMMUNITIES IN ATLANTA HAVE RECEIVED SOME FORM OF HELP AND ASSISTANCE

4d Other program services (Describe in Schedule O) (Expenses \$ 3,506,686 including grants of \$) (Revenue \$ 4,040,485)

4e Total program service expenses 13,172,798

Part IV 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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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		No
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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
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		No
c 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		No
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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
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	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
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		No
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)		No
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	Yes	
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		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (GA), 18, 19, 20 (MARK PHILLIPS 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 (404) 486-9034).

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	47,712		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,903,603		
	g Noncash contributions included in lines 1a-1f \$ _____		134,234		
	h Total. Add lines 1a-1f		7,951,315		

Program Service Revenue			Business Code			
	2a GRANTS AND CONTRACTS		900099	11,806,348	11,806,348	
b RENTAL INCOME		531110	408,563	408,563		
c TRAINING PROGRAM REVENUE		900099	15,177	15,177		
d OTHER PROGRAM FEES		900099	9,290	9,290		
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			12,239,378			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			17,335			17,335
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 47,712 of contributions reported on line 1c) See Part IV, line 18	a	318,021				
	b Less direct expenses	b	206,394				
	c Net income or (loss) from fundraising events			111,627			111,627
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			20,319,655	12,239,378		128,962	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	599,376	516,744	54,646	27,986
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	8,558,566	7,378,640	780,313	399,613
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	997,126	816,235	150,616	30,275
10 Payroll taxes.	722,059	633,227	53,405	35,427
11 Fees for services (non-employees)				
a Management.	53,312	53,312		
b Legal.				
c Accounting.	62,415	2,277	60,138	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	436,704	334,197	74,681	27,826
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	265,329	260,353	3,238	1,738
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	93,698	47,840	45,858	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	648,274	645,714	2,560	
23 Insurance.	161,772	147,024	13,137	1,611
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT CARE	625,864	595,385	13,761	16,718
b PROFESSIONAL MEDICAL FEES	432,384	432,384		
c EQUIPMENT LEASES & REPAIR	328,262	270,084	7,688	50,490
d VEHICLE MAINTENANCE	272,840	265,309	5,932	1,599
e All other expenses	935,668	774,073	110,579	51,016
25 Total functional expenses. Add lines 1 through 24e.	15,193,649	13,172,798	1,376,552	644,299
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,737,682	2	7,871,207
	3 Pledges and grants receivable, net	4,795,441	3	3,790,873
	4 Accounts receivable, net	5,176	4	5,216
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	138,926	9	134,027
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	16,357,865		
	b Less accumulated depreciation	5,930,569		
		10,109,892	10c	10,427,296
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	132,298	15	278,561	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,919,415	16	22,507,180	
Liabilities	17 Accounts payable and accrued expenses	750,504	17	946,090
	18 Grants payable		18	155,934
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,973,175	23	7,083,414
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,723,679	26	8,185,438
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	4,717,142	27	4,545,311
	28 Temporarily restricted net assets	4,478,594	28	9,776,431
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,195,736	33	14,321,742
	34 Total liabilities and net assets/fund balances	16,919,415	34	22,507,180

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	20,319,655
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,193,649
3	Revenue less expenses Subtract line 2 from line 1	3	5,126,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,195,736
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 in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,321,742

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 58-1430183

Name: CHRIS 180 INC

Form 990 (2017)

Form 990, Part III, Line 4a:

COMMUNITY BASED GROUP HOMES - JOURNEYZ PROGRAM THE JOURNEYZ GROUP HOME PROGRAM IS THE ORGANIZATION'S FOUNDING PROGRAM AND CONSISTS OF EIGHT, SIX BED HOMES IN THE COMMUNITY DESIGNED TO HELP TRAUMATIZED AND EXPLOITED CHILDREN IN FOSTER CARE WHO HAVE SEVERE EMOTIONAL AND BEHAVIOR PROBLEMS HEAL AND DEVELOP THE SKILLS THEY NEED TO NAVIGATE LIFE'S CHALLENGES BY GIVING THEM ESSENTIAL SUPPORTS AND A HOME IN A NEIGHBORHOOD DURING 2017, 156 FOSTER CHILDREN RECEIVED A HOME, COUNSELING AND SUPPORT -100% OF CHILDREN DEMONSTRATED IMPROVEMENT IN LIFE SKILLS -100% PARTICIPATED IN VOLUNTEER ACTIVITIES -89% COMPLETED A LIFE SKILL GOAL -27% WERE SUCCESSFULLY RE-UNIFIED WITH RELATIVES OR ADOPTED -87% OF YOUTH WHO AGED OUT CHOSE TO MOVE TO SUMMIT TRAIL APARTMENTS

Form 990, Part III, Line 4b:

CHRIS COUNSELING CENTER THE CHRIS COUNSELING CENTER (CCC) HELPS PEOPLE THROUGH TOUGH TIMES SO THAT THEY CAN FEEL BETTER AND FUNCTION BETTER THE CCC HAS A SPECIAL FOCUS ON HELPING PEOPLE RECOVER FROM TRAUMA THERAPISTS UTILIZE 20 DIFFERENT EVIDENCED BASED TREATMENT MODALITIES TO ENSURE PEOPLE RECEIVE THE INDIVIDUALLY TAILORED ASSISTANCE NEEDED TO HELP THEM DEVELOP THE SKILLS REQUIRED TO BUILD PERSONAL RESILIENCY AND SUSTAIN RECOVERY OVER 34% OF THE CERTIFIED TRAUMA THERAPISTS IN THE STATE OF GEORGIA WORK AT CHRIS 180 AND USE THEIR SKILLS TO HELP PEOPLE CONFRONT, RECOVER AND HEAL FROM PAST SEXUAL ABUSE, PHYSICAL ABUSE AND/OR OTHER ADVERSE CHILDHOOD/LIFE EXPERIENCES A PARTNERSHIP WITH EMORY UNIVERSITY MEDICAL SCHOOL ENABLES PSYCHIATRIC FELLOWS TO FURTHER THEIR TRAINING AT THE CCC AND PARTNERSHIPS WITH SEVERAL LOCAL COLLEGES PROVIDE SUPERVISED INTERNSHIP EXPERIENCES FOR MASTERS LEVEL CLINICAL INTERNS COUNSELING IS PROVIDED AT THE CHRIS COUNSELING CENTER IN ATLANTA, GA, AT THE GWINNETT COUNTY COUNSELING CENTER SATELLITE LOCATION IN LAWRENCEVILLE, GA, IN NUMEROUS CITY OF ATLANTA (APS), DEKALB COUNTY AND FULTON COUNTY PUBLIC SCHOOLS, AT PARTNER LOCATIONS, IN THE COMMUNITY AND THROUGH TELEPSYCHIATRY DURING 2017, CHRIS 180 EXPANDED ITS SCHOOL BASED COUNSELING SERVICES AND COMPLETED YEAR ONE OF PROJECT 180, A SCHOOL BASED, TRAUMA INFORMED TRAINING AND THERAPY INITIATIVE FUNDED THROUGH THE SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), IN FOUR APS SCHOOLS RESULTS ARE MEASURED UTILIZING THE STRENGTH AND DIFFICULTIES QUESTIONNAIRE PRE AND POST TESTS INDICATE THAT THE NUMBER OF STUDENTS WITH HIGHEST RISK DECREASED BY 16% AND THAT RISK DROPPED TO NEGLIGIBLE LEVELS IN 6 1% OF STUDENTS STUDENTS SERVED IN SCHOOL BASED COUNSELING DEMONSTRATED A 31% INCREASE IN SCHOOL ATTENDANCE AND A 43% DECREASE IN DISCIPLINARY REFERRALS IN LATE 2017 CHRIS 180 WAS AWARDED A CONTRACT TO PROVIDE COUNSELING FOR UNINSURED CHILDREN, ADOLESCENTS AND YOUNG ADULTS THROUGH AGE 24 WHO RESIDE IN FULTON COUNTY AT FOUR ADDITIONAL LOCATIONS WITH SERVICES EXPECTED TO BEGIN ON JANUARY 1, 2018 DURING 2017, COUNSELING WAS PROVIDED TO 2,505 INDIVIDUALS -100% RECEIVED A TRAUMA ASSESSMENT -68% REVEALED CONTRIBUTING TRAUMATIC EVENTS(S) DURING INITIAL TREATMENT SESSIONS -89% ATTAINED A TREATMENT GOAL -96% OF FAMILIES REPORTED FEELING LESS STRESS AND IMPROVEMENT IN FAMILY FUNCTIONING -88% REPORTED THAT THEY WOULD RECOMMEND THE CHRIS COUNSELING CENTER TO OTHERS

Form 990, Part III, Line 4c:

TRANSITIONZ YOUTH/YOUNG ADULT SERVICES THE TRANSITIONZ PROGRAM AT SUMMIT TRAIL APARTMENTS HELPS TRAUMATIZED HOMELESS YOUTH AND YOUTH AGING OUT OF FOSTER CARE BECOME SELF-SUFFICIENT ADULTS THROUGH A COMBINATION OF HOUSING, COUNSELING AND SUPPORT SERVICES THAT INCLUDE CASE MANAGEMENT, LIFE SKILLS, EDUCATIONAL SUPPORT, FINANCIAL MANAGEMENT, JOB COACHING, AND PARENTING SKILLS SERVICE COMPONENTS INCLUDE EMERGENCY ASSISTANCE, EMERGENCY/TRANSITIONAL APARTMENTS, PERMANENT SUPPORTIVE HOUSING AND STREET OUTREACH -DURING 2017, THE EMERGENCY SHELTER/TRANSITIONAL LIVING PROGRAM PROVIDED EMERGENCY HOUSING, SUPPORT, INDIVIDUALIZED COUNSELING, LIFE COACHING AND PARENTING SKILLS TRAINING FOR 17 YOUTH, AGES 17 - 21 WHILE PARTICIPATING IN THE PROGRAM, -93% BECAME EMPLOYED -71% TRANSITIONED TO SUPPORTIVE HOUSING AT SUMMIT TRAIL APARTMENTS -100% WERE SAFELY HOUSED UPON LEAVING THE PROGRAM -86% CONTINUED WORKING WITH THEIR LIFE COACH AFTER DISCHARGE -DURING 2017, PERMANENT SUPPORTIVE HOUSING AT SUMMIT TRAIL APARTMENTS WAS PROVIDED FOR 69 SINGLE AND PARENTING YOUNG ADULTS WITH A TOTAL OF 11 CHILDREN THE AVERAGE LENGTH OF STAY IN THE PROGRAM WAS 16 3 MONTHS WHILE LIVING IN THE APARTMENTS -89% OF YOUNG PEOPLE WERE WORKING AND/OR IN SCHOOL -78% MAINTAINED EMPLOYMENT FOR 90 DAYS OR LONGER -100% OF HIGH SCHOOL SENIORS GRADUATED -46% WERE ENROLLED IN A CERTIFICATION PROGRAM, TECHNICAL SCHOOL OR COLLEGE -52% OF YOUTH WHO ENTERED THE PROGRAM WITHOUT A HIGH SCHOOL EDUCATION, GED OR VOCATIONAL CERTIFICATE, ATTAINED ONE OF THESE EDUCATIONAL GOALS PRIOR TO DISCHARGE UPON DISCHARGE -70% DEMONSTRATED IMPROVED KNOWLEDGE OF COMMUNITY RESOURCES -80% DEMONSTRATED IMPROVED MONEY MANAGEMENT SKILLS -90% DEMONSTRATED IMPROVED KNOWLEDGE REGARDING MANAGING THEIR PERSONAL HEALTHCARE NEEDS -100% DEMONSTRATED IMPROVEMENT IN LIFE SKILLS TWO-YEAR POST DISCHARGE OUTCOMES -97% ARE SAFELY HOUSED -85% ARE EMPLOYED AND/OR IN SCHOOL FOUR-YEAR + POST DISCHARGE OUTCOMES -98% ARE SAFELY HOUSED -93% ARE EMPLOYED AND/OR IN SCHOOL THE EMERGENCY ASSISTANCE PROGRAM PREVENTS YOUNG ADULTS WITH MENTAL HEALTH ISSUES WHO ARE UP TO AGE 35 (AND THEIR FAMILIES) FROM BECOMING HOMELESS AND HELPS THOSE WHO ARE ALREADY HOMELESS BY ASSISTING THEM IN OBTAINING STABLE HOUSING AND EMPLOYMENT WHILE THEY RECEIVE SUPPORT, COUNSELING, GUIDANCE AND INSTRUCTION DESIGNED TO FOSTER SELF-SUFFICIENCY DURING SEPTEMBER 2017, MODIFICATIONS WERE MADE IN THE PROGRAM TO REDUCE STREET OUTREACH, TO INCREASE EFFORTS TO PREVENT HOMELESSNESS AND TO EXPAND BRIDGE HOUSING WHILE WORKING TO HELP YOUNG ADULTS SECURE MORE PERMANENT HOUSING PARTNERS INCLUDE THE SALVATION ARMY, QUEST COMMUNITY DEVELOPMENT AND OPEN DOORS DURING 2017, 88 YOUNG ADULTS, 77% OF WHOM HAD AN ACE SCORE OF FOUR OR MORE, WITH 17 CHILDREN RECEIVED HELP -100% BECAME AND REMAIN HOUSED -97% ARE WORKING -21% OF THOSE WORKING ARE ALSO IN SCHOOL STREET OUTREACH SERVICES ASSISTED 1,911 YOUTH DURING 2017, SUPPORT, ASSISTANCE, RESOURCE GUIDES AND REFERRALS WERE PROVIDED TO 224 HOMELESS YOUTH THROUGH FACE TO FACE MEETINGS AND TELEPHONE FOLLOW UP SUPPORT AN ADDITIONAL 1,687 YOUTH WHO CONTACTED THE PROGRAM VIA, EMAIL, FACEBOOK OR TELEPHONE SEEKING HOUSING AND ASSISTANCE WERE PROVIDED ASSISTANCE, SUPPORT AND GUIDANCE AS WELL AS RESOURCE GUIDES AND REFERRALS FOR HELP AVAILABLE THROUGH CHRIS 180 AND OTHER PROVIDERS TELEPHONE FOLLOW UP CALLS, EMAILS AND FACEBOOK MESSAGES WERE MADE TO OFFER ADDITIONAL SERVICES AND PROVIDE ON-GOING SUPPORT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHERINE COLBENSON PRESIDENT &	50 00	X		X				270,192	0	32,641
GABE BANKS DIRECTOR	1 00	X						0	0	0
CONROY BOXHILL DIRECTOR	1 00	X						0	0	0
RANDALL BUHLIG DIRECTOR	1 00	X						0	0	0
RON CARMICHAEL DIRECTOR	1 00	X						0	0	0
CAROLYN C DONNELLY DIRECTOR	1 00	X						0	0	0
APRIL ESTES DIRECTOR	1 00	X						0	0	0
BERNADETTE FABER DIRECTOR	1 00	X						0	0	0
RICH GILMORE DIRECTOR	1 00	X						0	0	0
PAMELA GOODE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MONA B HARTY DIRECTOR/CHA	1 00	X		X				0	0	0
THOMAS J HOULE DIRECTOR	1 00	X						0	0	0
JULIA HOUSTON DIRECTOR	1 00	X						0	0	0
SUSAN SOMERSILLE JOHNSON DIRECTOR	1 00	X						0	0	0
JONATHAN KARRON DIRECTOR	1 00	X						0	0	0
ROB KIGHT DIRECTOR	1 00	X						0	0	0
KIM KING DIRECTOR	1 00	X						0	0	0
VALARIE MACKEY DIRECTOR	1 00	X						0	0	0
TODD MARKLE DIRECTOR/SEC	1 00	X		X				0	0	0
MARK MCLEOD DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRIN MCKAY DIRECTOR	1 00	X						0	0	0
SUSAN O'FARRELL DIRECTOR/VIC	1 00	X		X				0	0	0
MARTHA PACINI DIRECTOR	1 00	X						0	0	0
TERRY RUSSELL DIRECTOR	1 00	X						0	0	0
DEBBIE SESSIONS DIRECTOR/TRE	1 00	X		X				0	0	0
REBECCA SHERRILL DIRECTOR	1 00	X						0	0	0
THOMAS WATSON DIRECTOR	1 00	X						0	0	0
SHEILA WEIDMAN-FARLEY DIRECTOR	1 00	X						0	0	0
CINDY SIMPSON VP-OPERATION	40 00			X				179,070	0	22,941
FREDERICK PHILLIPS VP-FINANCE/C	40 00			X				150,115	0	4,883

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
BRITTANY BURNETT VP-DEVELOPME	40 00					X		136,794	0	583	
DR ALIE REDD VP-PLACEMENT	40 00					X		107,846	0	8,247	

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CHRIS 180 INC

Employer identification number

58-1430183

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,588,809	2,084,818	1,917,383	6,274,509	7,951,315	20,816,834
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,588,809	2,084,818	1,917,383	6,274,509	7,951,315	20,816,834
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,241,665
6	Public support. Subtract line 5 from line 4						13,575,169

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	2,588,809	2,084,818	1,917,383	6,274,509	7,951,315	20,816,834
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,594	1,414	740	2,159	17,335	25,242
9	Net income from unrelated business activities, whether or not the business is regularly carried on	80,649	63,686	114,919	74,047	110,627	443,928
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,345		375,019			387,364
11	Total support. Add lines 7 through 10						21,673,368
12	Gross receipts from related activities, etc. (see instructions)					12	12,239,378

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	62.640 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	73.750 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 387,364

Schedule A Form 990 or 990-E 2012

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047
2017
Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of the organization CHRIS 180 INC	Employer identification number 58-1430183
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		18,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			18,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	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) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	THE ORGANIZATION HAS EMPLOYED THE SERVICES OF W L CLIFTON TO ASSIST IN WORKING WITH THE STATE'S LEGISLATURE TO SCHEDULE MEETINGS WITH KEY OFFICIALS TO EDUCATE THEM ON THE ISSUES FACING GEORGIA'S YOUTH, ESPECIALLY CHILDREN, YOUTH AND THEIR FAMILIES WHO ARE STRUGGLING WITH MENTAL HEALTH ISSUES AND/OR ARE IN THE FOSTER CARE SYSTEM

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CHRIS 180 INC

Employer identification number
58-1430183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,228,646		1,228,646
b Buildings		11,517,895	3,303,349	8,214,546
c Leasehold improvements		1,060,141	791,649	268,492
d Equipment		1,733,879	1,581,970	151,909
e Other		817,304	253,601	563,703
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				10,427,296

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,354,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	34,779
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	34,779
3	Subtract line 2e from line 1	3	20,319,655
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	20,319,655

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

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

1	Total expenses and losses per audited financial statements	1	15,228,428
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	34,779
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	34,779
3	Subtract line 2e from line 1	3	15,193,649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	15,193,649

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1430183

Name: CHRIS 180 INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	CHRIS 180, INC IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON INCOME FROM UNRELATED BUSINESS ACTIVITIES AT BOTH DECEMBER 31, 2017 AND 2016, THE ORGANIZATION HAD FEDERAL AND STATE INCOME TAX NET OPERATING LOSS (NOL) CARRYFORWARDS OF 51,390 MANAGEMENT BELIEVES MORE LIKELY THAN NOT THAT THE BENEFIT FROM THE NOL CARRYFORWARDS WILL NOT BE REALIZED, THEREFORE, A DEFERRED TAX ASSET HAS NOT BEEN RECORDED ON THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 IN ADDITION, THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE REGULATORY AUTHORITIES, AND AS OF DECEMBER 31, 2017, THE ORGANIZATION'S FEDERAL TAX RETURNS TYPICALLY REMAIN OPEN TO EXAMINATION FOR THE LAST THREE YEARS

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRIS 180 INC

Employer identification number

58-1430183

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		CHRISTAL BALL (event type)	WHITE PARTY (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	307,216	32,916	25,601	365,733
	2 Less Contributions	47,712			47,712
	3 Gross income (line 1 minus line 2)	259,504	32,916	25,601	318,021
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	27,010	6,800	1,000	34,810
	7 Food and beverages	61,892	10,551	7,977	80,420
	8 Entertainment		5,750		5,750
	9 Other direct expenses	61,876	15,928	7,610	85,414
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				206,394
11 Net income summary Subtract line 10 from line 3, column (d) ▶				111,627	

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

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

Name ▶
 Address ▶

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
------------------	-------------

Schedule J (Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHRIS 180 INC

Employer identification number

58-1430183

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing 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
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

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

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

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

Yes No

Table with 3 columns: Question ID, Yes, No. Rows include 1b, 2, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

Part III **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRIS 180 INC

Employer identification number
58-1430183

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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 ▶ (EVENT GOODS)	X	70	47,712	FAIR MARKET VALUE
26 Other ▶ (MISC GOODS)	X	96	86,522	FAIR MARKET VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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

Employer identification number
 58-1430183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	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 MENTAL HEALTH COUNSELING, TRAINING, PROVIDING SAFE HOUSING AND REAL-WORLD SKILL BUILDING DURING 2017, CHRIS 180 HELPED 6,795 PEOPLE THROUGH ITS VARIOUS PROGRAMS AND SERVICES AND PROVIDED SPECIALIZED TRAINING TO AN ADDITIONAL 1,701 COMMUNITY PROFESSIONALS, PARAPROFESSIONALS AND SCHOOL PERSONNEL CHRIS 180'S ULTIMATE GOAL IS TO EMPOWER PEOPLE TO DEVELOP THE SKILLS AND INDEPENDENCE THEY NEED TO NAVIGATE LIFE'S CHALLENGES AND BECOME CONTRIBUTING CITIZENS CHRIS 180 IS A MULTI SERVICE BEHAVIORAL HEALTH ORGANIZATION WHICH EXISTS TO IMPROVE THE LIVES OF CHILDREN AND YOUNG ADULTS AND STRENGTHEN FAMILIES THROUGH INNOVATIVE, TRAUMA INFORMED PRACTICES THAT INSPIRE HOPE AND REDUCE FUTURE DEPENDENCY ON GOVERNMENT THE ORGANIZATION ACCOMPLISHES THIS PURPOSE THROUGH A CONTINUUM OF TRAUMA INFORMED SERVICES, PARTNERSHIPS AND TRAININGS DESIGNED TO PROMOTE RECOVERY, FOSTER INDIVIDUAL ACCOUNTABILITY AND UNLOCK THE POTENTIAL IN EVERY MAN, WOMAN AND CHILD LIFE CHANGING SERVICES WERE PROVIDED TO 6,745 AND 5,530 UNDUPLICATED INDIVIDUALS DURING 2017 AND 2016, RESPECTIVELY SPECIALIZED TRAINING THROUGH THE CHRIS TRAINING INSTITUTE WAS ALSO PROVIDED TO 745 STAFF PARTICIPANTS AND FOR AN ADDITIONAL 1,701 UNDUPLICATED EXTERNAL PARTICIPANTS IN AREAS RANGING FROM TRAUMA INFORMED PRACTICE, PROFESSIONAL CLINICAL SERVICES, WORKING WITH TRANSITION AGE YOUTH, LGBT YOUTH, SEXUALLY EXPLOITED YOUTH AND MENTAL HEALTH FIRST AID TO THE PREVENTION OF CHILD SEXUAL ABUSE, BULLYING AND UNDERSTANDING DIVERSITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	-27% WERE SUCCESSFULLY RE-UNIFIED WITH RELATIVES OR ADOPTED -87% OF YOUTH WHO AGED OUT CHOSE TO MOVE TO SUMMIT TRAIL APARTMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>PSYCHIATRIC FELLOWS TO FURTHER THEIR TRAINING AT THE CCC AND PARTNERSHIPS WITH SEVERAL LOCAL COLLEGES PROVIDE SUPERVISED INTERNSHIP EXPERIENCES FOR MASTERS LEVEL CLINICAL INTERNS COUNSELING IS PROVIDED AT THE CHRIS COUNSELING CENTER IN ATLANTA, GA, AT THE GWINNETT COUNTY COUNSELING CENTER SATELLITE LOCATION IN LAWRENCEVILLE, GA, IN NUMEROUS CITY OF ATLANTA (APS), DEKALB COUNTY AND FULTON COUNTY PUBLIC SCHOOLS, AT PARTNER LOCATIONS, IN THE COMMUNITY AND THROUGH TELEPSYCHIATRY DURING 2017, CHRIS 180 EXPANDED ITS SCHOOL BASED COUNSELING SERVICES AND COMPLETED YEAR ONE OF PROJECT 180, A SCHOOL BASED, TRAUMA INFORMED TRAINING AND THERAPY INITIATIVE FUNDED THROUGH THE SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), IN FOUR APS SCHOOLS RESULTS ARE MEASURED UTILIZING THE STRENGTH AND DIFFICULTIES QUESTIONNAIRE PRE AND POST TESTS INDICATE THAT THE NUMBER OF STUDENTS WITH HIGHEST RISK DECREASED BY 16% AND THAT RISK DROPPED TO NEGLIGIBLE LEVELS IN 6 1% OF STUDENTS STUDENTS SERVED IN SCHOOL BASED COUNSELING DEMONSTRATED A 31% INCREASE IN SCHOOL ATTENDANCE AND A 43% DECREASE IN DISCIPLINARY REFERRALS IN LATE 2017 CHRIS 180 WAS AWARDED A CONTRACT TO PROVIDE COUNSELING FOR UNINSURED CHILDREN, ADOLESCENTS AND YOUNG ADULTS THROUGH AGE 24 WHO RESIDE IN FULTON COUNTY AT FOUR ADDITIONAL LOCATIONS WITH SERVICES EXPECTED TO BEGIN ON JANUARY 1, 2018 DURING 2017, COUNSELING WAS PROVIDED TO 2,505 INDIVIDUALS -100% RECEIVED A TRAUMA ASSESSMENT -68% REVEALED CONTRIBUTING TRAUMATIC EVENTS(S) DURING INITIAL TREATMENT SESSIONS -89% ATTAINED A TREATMENT GOAL -96% OF FAMILIES REPORTED FEELING LESS STRESS AND IMPROVEMENT IN FAMILY FUNCTIONING -88% REPORTED THAT THEY WOULD RECOMMEND THE CHRIS COUNSELING CENTER TO OTHERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>IN THE PROGRAM, -93% BECAME EMPLOYED -71% TRANSITIONED TO SUPPORTIVE HOUSING AT SUMMIT TRAIL APARTMENTS -100% WERE SAFELY HOUSED UPON LEAVING THE PROGRAM -86% CONTINUED WORKING WITH THEIR LIFE COACH AFTER DISCHARGE -DURING 2017, PERMANENT SUPPORTIVE HOUSING AT SUMMIT TRAIL APARTMENTS WAS PROVIDED FOR 69 SINGLE AND PARENTING YOUNG ADULTS WITH A TOTAL OF 11 CHILDREN THE AVERAGE LENGTH OF STAY IN THE PROGRAM WAS 16 3 MONTHS WHILE LIVING IN THE APARTMENTS -89% OF YOUNG PEOPLE WERE WORKING AND/OR IN SCHOOL -78% MAINTAINED EMPLOYMENT FOR 90 DAYS OR LONGER -100% OF HIGH SCHOOL SENIORS GRADUATED -46% WERE ENROLLED IN A CERTIFICATION PROGRAM, TECHNICAL SCHOOL OR COLLEGE -52% OF YOUTH WHO ENTERED THE PROGRAM WITHOUT A HIGH SCHOOL EDUCATION, GED OR VOCATIONAL CERTIFICATE, ATTAINED ONE OF THESE EDUCATIONAL GOALS PRIOR TO DISCHARGE UPON DISCHARGE -70% DEMONSTRATED IMPROVED KNOWLEDGE OF COMMUNITY RESOURCES -80% DEMONSTRATED IMPROVED MONEY MANAGEMENT SKILLS -90% DEMONSTRATED IMPROVED KNOWLEDGE REGARDING MANAGING THEIR PERSONAL HEALTHCARE NEEDS -100% DEMONSTRATED IMPROVEMENT IN LIFE SKILLS TWO-YEAR POST DISCHARGE OUTCOMES -97% ARE SAFELY HOUSED -85% ARE EMPLOYED AND/OR IN SCHOOL FOUR-YEAR + POST DISCHARGE OUTCOMES -98% ARE SAFELY HOUSED -93% ARE EMPLOYED AND/OR IN SCHOOL THE EMERGENCY ASSISTANCE PROGRAM PREVENTS YOUNG ADULTS WITH MENTAL HEALTH ISSUES WHO ARE UP TO AGE 35 (AND THEIR FAMILIES) FROM BECOMING HOMELESS AND HELPS THOSE WHO ARE ALREADY HOMELESS BY ASSISTING THEM IN OBTAINING STABLE HOUSING AND EMPLOYMENT WHILE THEY RECEIVE SUPPORT, COUNSELING, GUIDANCE AND INSTRUCTION DESIGNED TO FOSTER SELF-SUFFICIENCY DURING SEPTEMBER 2017, MODIFICATIONS WERE MADE IN THE PROGRAM TO REDUCE STREET OUTREACH, TO INCREASE EFFORTS TO PREVENT HOMELESSNESS AND TO EXPAND BRIDGE HOUSING WHILE WORKING TO HELP YOUNG ADULTS SECURE MORE PERMANENT HOUSING PARTNERS INCLUDE THE SALVATION ARMY, QUEST COMMUNITY DEVELOPMENT AND OPEN DOORS DURING 2017, 88 YOUNG ADULTS, 77% OF WHOM HAD AN ACE SCORE OF FOUR OR MORE, WITH 17 CHILDREN RECEIVED HELP -100% BECAME AND REMAIN HOUSED -97% ARE WORKING -21% OF THOSE WORKING ARE ALSO IN SCHOOL STREET OUTREACH SERVICES ASSISTED 1,911 YOUTH DURING 2017, SUPPORT, ASSISTANCE, RESOURCE GUIDES AND REFERRALS WERE PROVIDED TO 224 HOMELESS YOUTH THROUGH FACE TO FACE MEETINGS AND TELEPHONE FOLLOW UP SUPPORT AN ADDITIONAL 1,687 YOUTH WHO CONTACTED THE PROGRAM VIA, EMAIL, FACEBOOK OR TELEPHONE SEEKING HOUSING AND ASSISTANCE WERE PROVIDED ASSISTANCE, SUPPORT AND GUIDANCE AS WELL AS RESOURCE GUIDES AND REFERRALS FOR HELP AVAILABLE THROUGH CHRIS 180 AND OTHER PROVIDERS TELEPHONE FOLLOW UP CALLS, EMAILS AND FACEBOOK MESSAGES WERE MADE TO OFFER ADDITIONAL SERVICES AND PROVIDE ON-GOING SUPPORT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>KEEPING FAMILIES TOGETHER (KFT) KFT ASSISTS GEORGIA'S MOST VULNERABLE CHILDREN AND THEIR FAMILIES IN BUILDING A PLAN OF SUPPORT AND SERVICES TO HELP THEM ESTABLISH SAFETY AND STABILITY IN THEIR HOMES AND STRENGTHEN THE FAMILY UNIT, ENABLING THEM TO BECOME STRONGER AND STAY TOGETHER UTILIZING A HIGH FIDELITY WRAPAROUND MODEL, FAMILIES ARE HELPED TO NAVIGATE MULTIPLE SYSTEMS AND COMMUNITY SERVICES WHILE RECEIVING PREVENTION, REUNIFICATION AND SUPPORT SERVICES THAT HELP THEM ACHIEVE THEIR GOALS SO THAT, IN THE FUTURE, FAMILIES AND EACH INDIVIDUAL WITHIN THE FAMILY HAS BUILT A NATURAL SUPPORT SYSTEM IN THE COMMUNITY AND HAS THE SKILLS TO HELP THEMSELVES AT THE END OF 2017, CHRIS 180 EXPANDED KFT COMMUNITY SERVICES TO WORK WITH INCARCERATED YOUNG ADULTS, INCLUDING YOUNG PARENTS THROUGH RE-ENTRY PROGRAMS IN DEKALB AND FULTON COUNTIES DURING 2017, 1,518 INDIVIDUALS RECEIVED ASSISTANCE -SAFETY WAS ENSURED FOR 100% OF ALL CHILDREN IN ALL FAMILIES -91% OF FAMILIES WERE STRENGTHENED, AVOIDING DISRUPTION THROUGH HOSPITALIZATION, INCARCERATION OR THE OUT-OF-HOME PLACEMENT OF A CHILD -93% OF YOUTH CLASSIFIED AS DESIGNATED JUVENILE FELONS GRADUATED WITH NO NEW JUVENILE CHARGES AND REMAINED WITH THEIR FAMILIES, AVOIDING RE-INCARCERATION -98% OF FAMILIES REPORTED THAT THEY WOULD RECOMMEND CHRIS 180 SERVICES TO OTHERS CHRIS ADOPTIONS CHRIS ADOPTIONS PROVIDES A UNIQUE SET OF TRAUMA INFORMED SERVICES AND SUPPORTS TO ENSURE THAT CHILDREN IN FOSTER CARE TRULY HAVE A FOREVER FAMILY, BECAUSE NO CHILD SHOULD EVER HAVE TO GO OUT OF FOSTER CARE IN 2013, CHRIS 180 DEVELOPED A TRAUMA INFORMED FOSTER CARE ADOPTION MODEL WITH THE GOAL OF REDUCING - AND ELIMINATING - FAILED ADOPTIONS FOR CHILDREN IN FOSTER CARE GATEWAY FOSTER HOMES WERE ENVISIONED AND CREATED BY CHRIS 180 TO SUPPORT THE ADOPTION MODEL AND PROCESS BY PROVIDING SPECIALIZED FOSTER HOMES FOR SIBLING GROUPS WHO ARE IN FOSTER CARE, BUT WHO ARE OFTEN PLACED IN HOTELS TEMPORARILY, ARE SEPARATED INTO DIFFERENT FOSTER HOMES OR FOR WHOM THE SEPARATION OF SIBLINGS CAN BE AVOIDED IN THE FIRST PLACE CHRIS 180 CURRENTLY OPERATES TWO GATEWAY FOSTER HOMES AND HAS SUCCESSFULLY FACILITATED THE ADOPTION OF TWO SIBLING GROUPS AS A RESULT OF RE-UNIFYING SIBLINGS IN THESE HOMES THREE ADDITIONAL GATEWAY FOSTER HOMES FOR SIBLINGS WILL BE OPENED AS A RESULT OF THE CURRENT CAPITAL CAMPAIGN AND WILL HELP ADDRESS PLACEMENT CHALLENGES FOR SIBLINGS DURING 2017, 57 INDIVIDUALS WERE SERVED, 24 PROSPECTIVE PARENTS COMPLETED TRAINING, 5 CHILDREN WERE PLACED IN THEIR ADOPTIVE HOMES AND 9 CHILDREN WERE ENGAGED IN THE MATCHING PROCESS WITH PROSPECTIVE FAMILIES THERE HAVE BEEN NO ADOPTION DISRUPTIONS SINCE THE PROGRAM'S INCEPTION CHRIS CLUB HOUSE/DROP IN CENTER AS A RESULT OF A SERVICE NEEDS ASSESSMENT AND DISCUSSION WITH THE STATE OF GEORGIA'S DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD), IT WAS JOINTLY DECIDED TO RESPOND TO THE CRISIS OF YOUTH HOMELESSNESS BY CONVERTING THE CLUBHOUSE WHICH HELPED 15 - 21 YEAR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>AR OLDS TO A DROP IN CENTER SERVING 16 - 24 YEAR OLDS DURING JULY AND AUGUST OF 2017 TO FOCUS ON HELPING MORE HOMELESS YOUTH AND YOUNG ADULTS MAKE A SAFE TRANSITION TO ADULTHOOD BY ASSISTING THEM IN MEETING THEIR NEEDS FOR SAFE HOUSING, COUNSELING, EMPLOYMENT AND SUPPORT SERVICES DURING 2017, THE CHRIS CLUBHOUSE AND THE DROP IN CENTER HELPED 84 YOUTH -85% OF YOUTH HELPED IN THE CLUBHOUSE DEMONSTRATED IMPROVEMENT IN FUNCTIONING ON THE CANS, A NATIONAL MEASURE OF IMPROVEMENT -21% OF YOUTH WERE REFERRED FOR HOUSING ASSESSMENTS -16% OF YOUTH WERE SUCCESSFULLY LINKED TO STABLE HOUSING, EMPLOYMENT OR SECURED VITAL RECORDS COMMUNITY PARTNERSHIPS IN ORDER TO ENHANCE SERVICES TO POPULATIONS WITH NEED WHILE AVOIDING DUPLICATION OF SERVICES. CHRIS 180 SEEKS TO LEVERAGE OUR STRENGTHS AND THE STRENGTHS OF OUR PARTNERS BY SUPPORTING THE CREATION OF PARTNERSHIPS DESIGNED TO FULFILL OUR MISSIONS IN THE MOST COST EFFECTIVE, EFFICIENT MANNER TO THIS END, DURING 2017 CHRIS 180 MAINTAINED MOUS WITH ALMOST 50 NON-PROFIT AND FOR-PROFIT PARTNERS INCLUDING THE ATLANTA POLICE FOUNDATION, THE URBAN LEAGUE OF ATLANTA, THE BOYS AND GIRLS CLUB AND FOUR DIFFERENT PUBLIC SCHOOL SYSTEMS IN METRO ATLANTA AND TWO FEDERALLY QUALIFIED HEALTH CENTERS, MERCY CARE AND HEALING COMMUNITY AS A RESULT, BARRIERS TO SERVICES WERE REDUCED AND ACCESS TO ESSENTIAL TRAUMA INFORMED COUNSELING AND OTHER SERVICES WERE INCREASED FOR CHILDREN, ADULTS AND FAMILIES AS WELL AS FOR CLIENTS OF OTHER NONPROFITS A PARTNERSHIP WITH THE GEORGIA PARTNERSHIP FOR TELEHEALTH CONTINUES TO EXPAND SERVICES ON BEHALF OF OUR CLIENTS TRAINING PARTNERS INCLUDE THE ATLANTA PUBLIC SCHOOLS, DEKALB COUNTY PUBLIC SCHOOLS, COURT APPOINTED SPECIAL ADVOCATES (CASA), UNITED WAY, NEW AMERICAN PATHWAYS, AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES OTHER COLLABORATIVE PARTNERSHIPS IN 2017 INCLUDED THE NEW HOPE ENTERPRISE, YEAR UP, THE GRADY TRAUMA PROJECT, OUR HOUSE, OPEN DOORS, THE CRIMINAL JUSTICE COORDINATING COUNCIL, GEORGIA STATE UNIVERSITY, AND GWINNETT KIDS NET 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 MENTAL HEALTH AND ADDICTION TREATMENT AS WISE INVESTMENTS IN THE FUTURE TRAINING WAS PROVIDED FOR 754 INTERNAL STAFF PARTICIPANTS IN ADDITION TO INDIVIDUALS IN THE BROADER COMMUNITY DURING 2017, 1,704 UNDUPLICATED EXTERNAL INDIVIDUALS ATTENDED TRAININGS OF THESE, 924 INDIVIDUALS PARTICIPATED IN ONE TO THREE DAYS OF TRAINING IN TRAUMA STARS, CHRIS 180'S SIGNATURE TRAUMA TRAINING PROGRAM, INCLUDING 449 SCHOOL PERSONNEL TRAUMA ASSESSMENT TRAINING WAS PROVIDED FOR 39 PARTICIPANTS AND 142 PARTICIPANTS WERE TRAINED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>IN THE PREVENTION OF CHILD SEXUAL ABUSE TRAINING IN WORKING WITH LGBT YOUTH AND BULLYING WAS PROVIDED TO 253 INDIVIDUALS DURING 2017, YOUTH/ADULT MENTAL HEALTH FIRST AID AND MANY OTHER CLINICAL PROFESSIONAL COURSES SUCH AS MOTIVATIONAL INTERVIEWING, ETHICS TRAINING, DIALECTICAL BEHAVIORAL THERAPY, PLAY THERAPY AND COMPREHENSIVE CHILD AND FAMILY ASSESSMENT TRAININGS WERE PROVIDED AS WELL YOUTH BUILD THE YOUTH BUILD PROGRAM IS FUNDED THROUGH A GRANT WITH THE DEPARTMENT OF JUSTICE DURING 2017, 24 YOUNG ADULTS, 62% OF WHOM HAD AN ACE SCORE OF FOUR OR MORE, RECEIVED HELP AND 81% ATTAINED A GED AND /OR CONSTRUCTION CERTIFIC ATION A PARTNERSHIP WITH ATLANTA HABITAT AND QUEST COMMUNITY DEVELOPMENT PROVIDED OPPORTU NITIES FOR IN THE FIELD CONSTRUCTION EXPERIENCE AT PROMISE YOUTH CENTER THE AT-PROMISE Y OUTH CENTER WAS OPENED IN AUGUST 2017 IN PARTNERSHIP WITH THE ATLANTA POLICE FOUNDATION WI TH CHRIS 180 SERVING AS THE LEAD ORGANIZATION COORDINATING SERVICES WITH THREE PARTNERS - THE BOYS AND GIRLS CLUB, THE URBAN LEAGUE OF ATLANTA AND STREET SMART YOUTH PROJECT CHRIS 180 IS THE INITIAL POINT OF CONTACT AND ALL SERVICES ARE GUIDED BY A CHRIS 180 ASSESSMENT WHILE THE GOAL OF THE CENTER IS TO SERVE AS A DETENTION/JAIL DIVERSION AND INTERVENTION CENTER TO HELP YOUTH AND YOUNG ADULTS, IT HAS BEEN ACCESSED BY A WIDE RANGE OF INDIVIDUALS SEEKING ASSISTANCE AT PROMISE HAS HELPED 151 YOUTH WITH THERAPY, CASE MANAGEMENT SERVICE S, LIFE SKILLS, GED, WORKFORCE DEVELOPMENT, TUTORING, LEADERSHIP DEVELOPMENT, SUBSTANCE AB USE EDUCATION AND HIV TESTING OF THE YOUTH SERVED 59% OF YOUTH BETWEEN THE AGES OF 15 AND 18 HAD AN ACE SCORE OF FOUR OR MORE AND 67% OF THE YOUNG ADULTS, AGES 19 THROUGH 25 HAD A N ACE SCORE OF FOUR OR MORE IN ADDITION, THE AT-PROMISE CENTER HAS HELPED 51 FAMILIES AND YOUNG ADULTS WHO WERE OR ARE HOMELESS SINCE THE CENTER OPENED, OVER 270 INDIVIDUALS IN O NE OF THE MOST DISTRESSED AND UNDERSERVED COMMUNITIES IN ATLANTA HAVE RECEIVED SOME FORM O F HELP AND ASSISTANCE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CHRIS 180 IS COMMITTED TO AVOIDING BOTH CONFLICTS OF INTEREST AND THE APPEARANCE OF CONFLICTS OF INTEREST WHEN SOMEONE (EMPLOYEE OR BOARD MEMBER) FEELS THERE IS A CONFLICT OF INTEREST THEY MAY CONSULT WITH THE CEO DIRECTLY IF THEY ARE UNCOMFORTABLE DISCUSSING WITH THE CEO, CHRIS 180 HAS CONTRACTED WITH A THIRD PARTY (THE NETWORK) THAT PROVIDES AN 800 NUMBER FOR ANYONE TO REPORT AN ETHICS OR CONFLICT OF INTEREST REPORT THE CALLER DOES NOT HAVE TO IDENTIFY THEMSELVES TO PROTECT THEIR ANONYMITY THE INTERVIEWER RELAYS THE INFORMATION TO SENIOR MANAGEMENT OR THE BOARD OF DIRECTORS BASED ON THE NATURE OF THE ISSUE ALL ALLEGATIONS ARE INVESTIGATED MONTHLY REPORTS ARE RECEIVED FROM THE NETWORK, REVIEWED BY A MEMBER OF SENIOR MANAGEMENT AND RETAINED FOR FURTHER NEEDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	CHRIS 180 UTILIZED 990 INFORMATION FROM SIMILAR ORGANIZATIONS AND A SURVEY OF ORGANIZATIONS WITH COMPARABLE COMPLEXITY, SIZE AND SERVICES WHO ALSO WON THE MANAGING FOR EXCELLENCE AWARD WHICH CHRIS 180 WON IN 1998 AND AGAIN IN 2011

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRIS 180 INC

Employer identification number

58-1430183

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHRIS PROPERTIES LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 45-5219835	PROG OFFI	GA	303,714	3,602,033	N/A
(2) CHRIS 180 OPERATIONS LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0567666	SUPP SVC	GA	20,132,421	11,650,925	N/A
(3) CHRIS PROPERTIES GRAHAM CIRCLE LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0909115	SUPP HOUS	GA	405,603	5,502,706	N/A
(4) CHRIS HOMES PROPERTIES LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0916288	HOMES	GA	399,604	1,719,131	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)