		,						29393	329	106031
		` - -	Ex	empt Organization	Bus	siness Ir	ncome 1	Гах Retur	n. I	OMB No 1545-0687
•	Form	։ 990- ⊺ Ը	8E T	(and proxy tax					169 H	OMB NO 1343-0667
/		, ()	Farcaler	ndar year 2018 or other tax year begin						୭ଲ1ହ
	Denar	tment of the Treasury	Day.	► Go to www.irs.gov/Form990						<u> </u>
		al Revenue Service	▶ Do	not enter SSN numbers on this form)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if		Name of organization (X Check b					D Emplo	yer identification number
		address changed							(Empio	yees' trust, see instructions)
	B Exe	empt under section	1	INSPIRITUS, INC.						
	X	501(C)(O3)	Print	Number, street, and room or suite no	lf a P O	box, see instruc	tions		58-1	535692
		408(e) 220(e)	or Type							ated business activity code structions)
		408A530(a)		230 PEACHTREE STREE	T NW			1100	(366 1)	sudctions)
0		529(a)		City or town, state or province, countr	y, and Z	IP or foreign pos	tal code			
2020		ok value of all assets		ATLANTA, GA 30303		-				
(1)	ale	end of year	F Grou	up exemption number (See instruct	ions)	<u> </u>				
C3		2,394,564.	G Che	ck organization type 🕨 🕺 501	(c) co	rporation	501(c)	trust	401(a)	trust Other trust
>	H E	nter the number of	the orga	nization's unrelated trades or busine	esses	▶ 1		Describe	the only	(or first) unrelated
N0 \		ade or business her			_			•		e than one, describe the
	fır	st in the blank spa	ice at the	end of the previous sentence, co	mplete	Parts I and II,	complete a So	chedule M for eac	h addition	nal
		ade or business, th								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	ים	•		corporation a subsidiary in an affil	_	•	it-subsidiary c	ontrolled group?		▶ Yes X No
Ž				identifying number of the parent co	rporation	on 🕨		- 10	4 075	0001
Š				RBY NICKERSON				e number ► 40		
Ŭ.	Par	Unrelated		or Business Income	1	(A) Inc	come	(B) Expen	ses	(C) Net
	1a	Gross receipts or	sales							
3	b	Less returns and allowa		c Balance ▶			-			
, ,	2			ule A, line 7)	2					
8	3	•		2 from line 1c	3			F	R	ECEIVED
₹	• 4a			ttach Schedule D)	4a					. 18
M _ Received In	b	•		Part II, line 17) (attach Form 4797)	4b				<u> </u>	
	C	•		rusts	4c				위 ^	♥ U I 3 ~~~ ☆
)	5			an S corporation (attach statement)	6				- 	<u> </u>
1	,. ⁶ , 7			come (Schedule E)	7				0	GDEN, UT
0	8			nts from a controlled organization (Schedule F)				<u>t</u>		
0 8 2020	9			(c)(7), (9), or (17) organization (Schedule G)	\vdash					
2	10			come (Schedule I)	10			-		
_	11	•	-	ule J)						
	12	_	-	tions, attach schedule)	-					
2020	13			ough 12			0.			
ණ	Par	t II Deduction	ns Not	Taken Elsewhere (See insti	ructio	ns for limita	ations on d	eductions.) (E	xcept f	or contributions,
		deduction	s must	be directly connected with t	he ur	related bus	iness inco	me.)		
μ	14	Compensation of	officers,	directors, and trustees (Schedule K)					. 14	
9	15	Salaries and wage	s						. 15	
3	16	Repairs and main	tenance .						. 16	
Ŋ	17	Bad debts							. 17	
4	18	Interest (attach so	chedule) (see instructions)					. 18	
	19	Taxes and licenses	s						. 19	
26	20			ee instructions for limitation rules)					. 20	
3	21	Depreciation (atta	ch Form	4562)			21		 -	
Š	22	•		on Schedule A and elsewhere on re					22b	
-	23			· • • • • • • • • • • • • • • • • • • •						
0				compensation plans						
8	25									
	26			Schedule I)						
<u><u> </u></u>	27			chedule J)						
$\boldsymbol{\omega}$	28			chedule)						-
	29			s 14 through 28						
460	30			e income before net operating						
4	31		-	loss arising in tax years beginning	-	_	-			
	32 For P			income Subtract line 31 from line otice, see instructions.	30 .				. 32	Form 990-T (2018
				8/2020 10:04:56 AM	V 1	8-8 6ፑ	2	1987	99	FUIII 33U-1 (2018
		10,1111 727	- 1/2	5,2020 10.04.00 AM	• •		2			ı

58-1535692 INSPIRITUS, INC. Form 990-T (2018) Page 2 Part III Total Unrelated Business Taxable Income 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see 33 34 34 Amounts paid for disallowed fringes 35 Deduction for net operating loss arising 35 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum 36 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36. Ω. 38 **Tax Computation** Part IV 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)............ 40 Trusts Taxable at Trust Rates. See instructions for tax computation 40 the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041). . . . 41 41 Proxy tax. See instructions 42 42 43 43 Tax and Payments Part V 45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). **b** Other credits (see instructions).............. General business credit Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827). 45e Total credits. Add lines 45a through 45d 46 Subtract line 45e from line 44 46 Form 4255 Form 8611 Form 8697 47 47 Other taxes Check if from Form 8866 Other (attach schedule) . 0. 48 48 49 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. 415 Foreign organizations: Tax paid or withheld at source (see instructions) 50e Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Form 4136 Other Total > 1,415. 51 51 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached. 52 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 1,415. 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 1,415. 60 Refunded ► 155 Statements Regarding Certain Activities and Other Information (see instructions) No Yes At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?... 57 If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 58 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 ration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge JOHN MOELLER CEO 08/17/2020 Here Title Date Signature of officer

Sign

May with				
(see ir				

PTIN

Paid Preparer **Use Only**

Print/Type preparer's name SABRE J LINAHAN

Preparer's signature ► SMITH & HOWARD, RZXXV NW SUITE 1600.

Check 08/17/2020 self-employed Firm's EIN

P01372980 58-1250486

Form 990-T (2018)

404-874-6244

JSA

Firm's address ▶ 271 17TH STREET,

GA 30363

Date

ATLANTA,

-	_	
- 1	₽aa	e.

Schedule A - Cost of G	<u>oods Sold. Er</u>	ter method	d of invento					
1 Inventory at beginning of	year . 1			6 Inventory	at end of yea	ar	6	
2 Purchases	2			7 Cost of	goods so	ld. Subtract line		
3 Cost of labor	3			6 from	line 5 Er	iter here and in		
4a Additional section 263A c	osts			Part I, line	2		7	
(attach schedule)	4a					section 263A (v		
b Other costs (attach sched	ule) . 4b					or acquired for		
5 Total. Add lines 1 through				to the org	anization? .	<u> </u>	x	
Schedule C - Rent Incom	e (From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Prope	rty)	
(see instructions)								
Description of property	<u></u>						<u></u> .	
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or accru	ed		·			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and percentage of rent for personal property is more than 10% but not percentage of rent for 50% or if the rent is			age of rent for	personal property	y exceeds	exceeds in columns 2(a) and 2(b) (attach schedule)		
(1)					•			
(2)								
(3)	 -							
(4)								
Total		Total						
(c) Total income. Add totals of othere and on page 1, Part I, line 6	• • •	•			<u></u>	(b) Total deduction Enter here and or Part I, line 6, colur	n page 1,	
Schedule E - Unrelated D			ee instructio	ns)				
33344.34		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3. [nnected with or allocable to	
1. Description of de	bt-financed property		1	ncome from or debt-financed	(2) (2)		ced property	
			pro	perty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)		_						
(2)								
(3)	•							
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju- of or alloca debt-financed (attach sche	ble to property	4 d	Column Ivided Olumn 5		וncome reportable 2 x column 6)	Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
					Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals						.		

Schedule F-Interest, Ann	unics, Noyanic				ontrolled Or			110113 (30	C motracti	5113)	
1. Name of controlled organization	2. Employer identification number	ber	3. Net unrelated income (loss) (see instructions)			4. Total of specified payments made		ed include	of column 4 t d in the contr ation's gross in	6. Deductions directly connected with income in column 5	
(1)											
(2)		<u>,</u>									
(3)											
(4)											
Nonexempt Controlled Organi	zations						1 40 5		. 0 15 -1 -		4.5.4.4.
7 Taxable Income	8. Net unrelated i (loss) (see instruc				Total of specific eayments made		inclu	art of colum ided in the c iization's gro	ontrolling		Deductions directly nnected with income in column 10
(1)							ļ				***************************************
(2)			-								
(3)			+								
(4)							Ad	d columns 5	and 10	_	dd columns 6 and 11
Totals						•	Ente	r here and or	n page 1,	En	ter here and on page 1, art I, line 8, column (B)
Schedule G-Investment I	ncome of a Sec	ction 5	01(c)(7).	(9), or (17) Orga	nizatio	n (see ins	structions)		
1. Description of income	2. Amount o			,,,,	3. Deduction directly contact (attach sch	tions nected		4. S	et-asides n schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)			**********		14+ 12-14 ,		•				
(2)											
(3)											
(4)											
Totals ▶ Schedule I-Exploited Exe				r Th	an Adverti	sing In	come	(see instri	uctions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	d conne prod un	Expense irectly ected v luction irelated ess inco	vith of	4. Net incomfrom unrelated or business 2 minus collected for collected for the colle	ed tradé (column umn 3) ompute	from a	oss income activity that unrelated ess income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									 		
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)		nere and 1, Pari 0, col (t I,							Enter here and on page 1, Part II, line 26
Totals	come /see instr	uctions)	\								
Part I Income From Per				neoli	idated Ras	ie					
Part Income From Per	louicais Report	eu on	a Co	IISOI	luateu bas	15					1
Name of periodical	2. Gross advertising income		Direct lising co	osts	4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If npute		rculation come	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)			•]						·
(3)						'					_
(4)											
	'										
Totals (carry to Part II, line (5))		_							•		Form 990-T (2018)

(4)

Part II Income From Pe · 2 through 7 on a		s.)	4. Advertising gain or (loss) (col			7. Excess readership costs (column 6
Name of periodical	advertising income	Direct advertising costs	2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	minus column 5, but not more than column 4)
(1)		•	,			
(2)		1				
(3)						
(4)						
Totals from Part I						
,	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1. Name	•	2.	Title	3. Percent of time devoted to business	4. Compensation unrelated	
(1)				%		
ALT DOWN 1			<u> </u>			

Form **990-T** (2018)

ATTACHMENT 1

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

Bend. Ny Total 330 Iy	COM BROWNING OF	OTTIONO, DIRECTORO, & TROBIES		
			BUSINESS	
NAME AND ADDRESS		TITLE	PERCENT	COMPENSATION
BATES, VALENTINO 230 PEACHTREE STREET 1100 ATLANTA, GA 30303	NW	DIRECTOR	0	0.
BORCHELT, RAY 230 PEACHTREE STREET 1100 ATLANTA, GA 30303	NW	DIRECTOR	0	0.
BUSSONE, MARC 230 PEACHTREE STREET 1100 ATLANTA, GA 30303	NW	DIRECTOR	0	0.
DETTMERING, ANN 230 PEACHTREE STREET 1100 ATLANTA, GA 30303	NW	DIRECTOR	0	0.
DOWELL, GARY 230 PEACHTREE STREET 1100 ATLANTA, GA 30303	NW	TREASURER	0	0.
FLOURNOY, ELI 230 PEACHTREE STREET 1100 ATLANTA, GA 30303	NW	DIRECTOR	0	0.
HOLLER, CINDY 230 PEACHTREE STREET 1100 ATLANTA, GA 30303	NW	SECRETARY	0	0.
MCKEEVER, DEBRA 230 PEACHTREE STREET 1100 ATLANTA, GA 30303	NW	DIRECTOR	0	0.
RASOUL, OBAID 230 PEACHTREE STREET	NW	DIRECTOR	0	0.

ATTACHMENT 1 (CONT'D)

SCHD.	Κ,	FORM 990-1	. COMPENSATION	OF	OFFICERS	, DIRECTORS,	&	TRUSTEES	
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Bend: Ry Toldi 990 1, Conten	ONLION OF OFFICERRO, BIRDETORO, U II		
NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
1100 ATLANTA, GA 30303			
RINGER, ED 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	BOARD CHAIR	0	0.
ROSS, ROSETTA 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	DIRECTOR	0	0.
STRICKLAND, KEVIN 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	DIRECTOR	0	0.
BRIDGERS, CHARLES 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	NON-VOTING DIRECTOR	0	0.
HARDY, DAVID 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	NON-VOTING DIRECTOR	0	0.
LARSEN, DON 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	NON-VOTING DIRECTOR	0	0.
LITTMANN, PAUL 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	NON-VOTING DIRECTOR	0	0.
LONGSTRETH, EVAN 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	NON-VOTING DIRECTOR	0	0.
4077TW 9242 7/28/2020	10.04.56 AM V 18-8 6F 21	1987	

ATTACHMENT 1 (CONT'D)

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

NAME AND ADDRESS	TITLE_	BUSINESS PERCENT	COMPENSATION
SHAW, BEVERLY BROWN 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	NON-VOTING DIRECTOR	0	0.
MOELLER, JOHN 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	PRESIDENT & CEO	0	0.
COLLINS, JEFFREY 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	VP OF DEVELOPMENT	0	0.
HERRERA, ROBERT 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	CFO (OCT 2018 - APRIL 2019)	0	0.
WESSELS, MARCIA 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	VP OF PROGRAMS	0	0.
AUSTIN, MELISSA 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	VP OF PROGRAMS (- APRIL 2019)	0	0.
NICKERSON, KIRBY 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	CFO	0	0.
TOTAL COMPENSATION			0.