

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">Solus Christus, Inc.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">PO Box 416</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">East Bend NC 27018</p>	D Employer identification number <p style="text-align: center;">26-1124908</p> E Telephone number <p style="text-align: center;">336-399-5234</p> G Gross receipts\$ 242,943
F Name and address of principal officer: <p style="text-align: center;">Randy Borton PO Box 416 East Bend NC 27018</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.SOLUSCHRISTUSINC.ORG		L Year of formation: M State of legal domicile:
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	Solus Christus shares the hope of the Gospel with women in addiction by providing safe housing and discipleship programs.		
	2 Check this box <input type="checkbox"/> 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)	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	6	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b Net unrelated business taxable income from Form 990-T, line 38	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	199,601	188,805	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,229	7,340	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40	45	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,872	46,753	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	235,742	242,943	
	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)	56,798	64,535	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,278	134,159	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	170,076	198,694		
19 Revenue less expenses. Subtract line 18 from line 12	65,666	44,249		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	500,929	798,693	
	22 Net assets or fund balances. Subtract line 21 from line 20	92,251	345,766	
		408,678	452,927	

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 11/7/20		
	Type or print name and title Julia F Long Treasurer		
Paid Preparer Use Only	Print/Type preparer's name Bobby J. Wright, Jr.	Preparer's signature Date 01/07/20	Check <input type="checkbox"/> if self-employed PTIN P01620541
	Firm's name ▶ Joe Wright, CPA PLLC Firm's address ▶ 109-A E Mountain St Kernersville, NC 27284-2928	Firm's EIN ▶ 46-3591092 Phone no. 336-759-0300	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No