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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRIS KIDS INC Doing Business As	D Employer identification number 58-1430183
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1017 FAYETTEVILLE ROAD ROOM/SUITE B	E Telephone number (404) 486-9034
City or town, state or country, and ZIP + 4 ATLANTA, GA 30316	G Gross receipts \$ 9,276,543	
F Name and address of principal officer KATHERINE B COLBENSON 1017 FAYETTEVILLE ROAD STE B ATLANTA, GA 30316		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW CHRISKIDS ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1981 M State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities CHRIS KIDS' MISSION IS TO HEAL CHILDREN, STRENGTHEN FAMILIES AND BUILD COMMUNITY SEE SUPPLEMENTAL STATEMENT FOR EXPANDED DESCRIPTION OF MISSION		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	224
	6 Total number of volunteers (estimate if necessary)	6	300
	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 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,123,749	Current Year 1,716,139
	9 Program service revenue (Part VIII, line 2g)	6,711,551	7,268,703
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	437	2,567
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,577	167,017
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,911,314	9,154,426
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
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)		5,260,856	5,833,285
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 280,090			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,274,121	2,711,830
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,534,977	8,545,115
19 Revenue less expenses Subtract line 18 from line 12	3,376,337	609,311	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,328,729	2,282,410
	21 Total liabilities (Part X, line 26)	295,264	526,509
22 Net assets or fund balances Subtract line 21 from line 20	4,033,465	1,755,901	

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	2012-08-10 Date		
	KATHERINE B COLBENSON CEO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ STEVEN E TRUMBO	Date 2012-09-06	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BROOKS MCGINNIS & COMPANY LLC 5871 GLENRIDGE DR NE STE 200 ATLANTA, GA 303285305			EIN ▶
				Phone no ▶ (404) 531-4940

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
 CHRIS KIDS' MISSION IS TO HEAL CHILDREN, STRENGTHEN FAMILIES AND BUILD COMMUNITY SEE SUPPLEMENTAL STATEMENT FOR EXPANDED DESCRIPTION OF MISSION

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 and section 4947(a)(1) trusts 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 \$ 4,567,367 including grants of \$) (Revenue \$ 3,596,562)
 JOURNEYZ COMMUNITY BASED RESIDENTIAL PROGRAM THE JOURNEYZ PROGRAM CONSISTS OF EIGHT GROUP HOMES LOCATED IN METRO ATLANTA'S FULTON, DEKALB, GWINNETT, CLAYTON AND DOUGLAS COUNTIES THE CHILDREN AND YOUTH THAT LIVE IN THESE HOMES ARE AGES 6-18 AND CURRENTLY IN THE FOSTER CARE, JUVENILE JUSTICE AND/OR MENTAL HEALTH SYSTEM THEY HAVE SERIOUS BEHAVIORAL AND/MENTAL HEALTH ISSUES AND HAVE EXPERIENCED PHYSICAL, SEXUAL, AND/OR EMOTIONAL ABUSE AND NEGLECT MANY HAVE LIVED IN 9-10 OTHER HOMES, PROGRAMS, OR PLACES BEFORE THEY ARE REFERRED TO CHRIS KIDS AND ARE TAKING AN AVERAGE OF 2+ PSYCHOTROPIC MEDICATIONS WHEN THEY ARE PLACED TYPICALLY THESE CHILDREN ARE TWO OR MORE YEARS BEHIND THEIR PEERS BOTH SOCIALLY AND ACADEMICALLY SEE SCHEDULE O OUR EMPHASIS IS ON FAMILY LIVING WE CREATE AN ATMOSPHERE THAT IS SIMILAR TO BEING AT HOME EACH HOME HAS UP TO SIX CHILDREN AND TRAINED STAFF MEMBERS WHO PROVIDE SUPERVISION AND GUIDANCE 24 HOURS A DAY, 7 DAYS A WEEK WE ENSURE THAT OUR KIDS RECEIVE QUALITY BEHAVIORAL HEALTH SERVICES, DEVELOP COPING SKILLS AND AGE APPROPRIATE SOCIAL/LIFE SKILLS OUR CHILDREN AND YOUTH GO TO PUBLIC SCHOOLS, PLAY SPORTS, PARTICIPATE IN AFTER-SCHOOL ACTIVITIES, HAVE CHORES, AND OUR GOAL IS THAT THEY ARE ABLE TO PARTICIPATE IN THE COMMUNITY JUST LIKE OTHER KIDS THEIR AGE WE ENCOURAGE ACCOUNTABILITY AND RESPONSIBILITY THROUGH COMMUNITY SERVICE, AND OTHER PROJECTS THAT BUILD CONFIDENCE, SELF-ESTEEM AND LEADERSHIP SKILLS SPECIAL EMPHASIS IS PLACED ON RE-UNIFYING CHILDREN WITH THEIR RELATIVES IF AT ALL POSSIBLE, ON HELPING CHILDREN DEVELOP POSITIVE RELATIONSHIPS WITH CARING ADULTS AND/OR FAMILY MEMBERS, AND ON CREATING "FAMILIES OF CHOICE" IF THERE ARE NO RELATIVES INVOLVED WITH A FOCUS ON REAL WORLD SOCIAL SKILL BUILDING, ENGAGEMENT IN COMMUNITY AND AFTER-SCHOOL ACTIVITIES IS STANDARD AFTERCARE SERVICES FOCUS ON THE DEVELOPMENT OF NATURAL SUPPORT SYSTEM AS WELL AS PROVIDING ON-GOING SUPPORT APPROXIMATELY 70% OF THE FUNDING THAT SUPPORTS CHILDREN IN THE HOMES IS STATE FUNDING CHARITABLE FUNDING IS REQUIRED TO FILL THE GAP BETWEEN WHAT IS PAID AND THE TRUE COST OF CARE CHILDREN DEMONSTRATED 55% IMPROVEMENT IN FUNCTIONING AS MEASURED BY THE CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE IN 2011, CHRIS KIDS COMMUNITY BASED RESIDENTIAL PROGRAMS PROVIDED 435,000 IN UNCOMPENSATED CARE

4b (Code) (Expenses \$ 1,435,244 including grants of \$) (Revenue \$ 1,219,873)
 CHRIS COUNSELING CENTER THE CHRIS COUNSELING CENTER PROVIDES MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING TO CHILDREN, YOUTH, ADULTS AND THEIR FAMILIES THROUGH IN CLINIC AND IN COMMUNITY SERVICES THERAPISTS WITH SPECIALIZED TRAINING IN TRAUMA FOCUSED COGNITIVE BEHAVIOR THERAPY HELP CLIENTS FACE, RECOVER AND HEAL FROM PAST SEXUAL ABUSE, PHYSICAL ABUSE AND/OR OTHER TRAUMATIC EVENTS SERVICES ARE PROVIDED IN THE CLINIC, IN THE HOME, SCHOOL OR OTHER COMMUNITY LOCATIONS ALL SERVICES ARE PROVIDED UNDER THE SUPERVISION OF A LICENSED PSYCHIATRIST SEE SCHEDULE O IN ADDITION TO MENTAL HEALTH SERVICES, THE CHRIS COUNSELING CENTER IS LICENSED TO PROVIDE TREATMENT FOR CO-OCCURRING DISORDERS AND OFFERS TWO DIFFERENT LEVELS OF GROUPS, TREATMENT AND EDUCATION TO YOUTH WHO HAVE BEEN IDENTIFIED AS NEEDING SUBSTANCE ABUSE SERVICES BEHAVIORAL HEALTH SERVICES ARE AVAILABLE TO CHILDREN AND FAMILIES THROUGHOUT THE COMMUNITY GRANTS AND CHARITABLE CONTRIBUTIONS ARE REQUIRED TO MEET THE FULL COST OF CARE MANY CLIENTS ARE UNINSURED OR UNDERINSURED FEE FOR SERVICE PAYMENT BY MEDICAID AND BY THREE CARE MANAGED ORGANIZATIONS THAT SERVE PEACHCARE ENROLLEES IN GEORGIA LEAVES A LARGE UNFUNDED GAP CHILDREN, YOUTH AND FAMILIES RECEIVING SERVICES DEMONSTRATED IMPROVEMENT IN BEHAVIOR AND FUNCTIONING AS WELL AS REDUCTIONS IN SYMPTOMS DURING 2011, 19,532 HOURS OF THERAPEUTIC SESSIONS WERE PROVIDED BY THE CHRIS COUNSELING CENTER TO 793 INDIVIDUALS AND FAMILIES UNCOMPENSATED CARE OF 216,000 WAS ALSO PROVIDED

4c (Code) (Expenses \$ 1,348,723 including grants of \$) (Revenue \$ 2,452,268)
 COMMUNITY PROGRAMS AND TRANSITIONZ AT SUMMIT TRAIL COMMUNITY PROGRAMS ARE NUMEROUS SERVICES INCLUDING CHOICES, WHICH IS ONE OF FOUR CARE MANAGEMENT ENTITIES IN GEORGIA UTILIZING THE NATIONALLY ACCLAIMED HIGH FIDELITY WRAPAROUND MODEL THIS MODEL IS A FAMILY DRIVEN, STRENGTHS-BASED TEAM APPROACH TO WORKING WITH FAMILIES IN HIGH FIDELITY WRAPAROUND, ALL CHILDREN AND YOUTH ARE CONNECTED TO CARING ADULTS AND HAVE ACCESS TO APPROPRIATE SERVICES AND SUPPORTS SO THEY CAN BE HEALTHY, EXPERIENCE POSITIVE DEVELOPMENT, AND LIVE AND THRIVE IN THEIR HOMES AND COMMUNITIES TRANSITIONZ TARGETS SINGLE AND PARENTING YOUNG ADULTS WHO ARE HOMELESS, AGING OUT OF FOSTER CARE, JUVENILE JUSTICE AND/OR MENTAL HEALTH SYSTEMS SEE SCHEDULE O THESE YOUNG ADULTS MUST BE WORKING AND/OR ENROLLED IN APPROPRIATE EDUCATIONAL PROGRAMS FOR A MINIMUM OF 30 HOURS PER WEEK THE PROGRAM PROVIDES A SAFE PLACE FOR YOUTH TO GAIN SELF-RESPECT, CONFIDENCE AND BUILD SKILLS IT PROVIDES INSTRUCTION IN LIFE SKILLS (EMPLOYMENT, FINANCIAL AND HOUSEHOLD MANAGEMENT, PSYCHO-SOCIAL ISSUES, SEX EDUCATION, AND SAFE SEX PRACTICES) AND GUIDANCE IN GAINING/MAINTAINING EMPLOYMENT A PRIMARY EMPHASIS IS ON ATTAINING EDUCATIONAL GOALS, COMPLETING HIGH SCHOOL, ATTENDING TECHNICAL, VOCATIONAL SCHOOLS OR COLLEGE OUTREACH TO HOMELESS YOUTH TARGETS THOSE WHO IDENTIFY AS GAY, LESBIAN, BISEXUAL, TRANSGENDER OR QUESTIONING AS THEY ARE DISPROPORTIONATELY HOMELESS AND OFTEN DO NOT ACCESS SERVICES DUE TO SAFETY CONCERNS THE ULTIMATE GOAL IS TO HELP RESIDENTS CREATE AND MAINTAIN POSITIVE, HEALTHY RELATIONSHIPS WITH OTHERS, MAKE A SUCCESSFUL TRANSITION TO SELF-SUFFICIENT ADULTHOOD, AND DEMONSTRATE RESPONSIBLE COMMUNITY BEHAVIOR CHARITABLE FUNDS ARE REQUIRED TO PROVIDE SERVICES TO HOMELESS YOUTH STATE FUNDING PROVIDES A PORTION OF WHAT IS NEEDED TO ASSIST YOUTH AGING OUT OF FOSTER CARE AND DONATIONS ARE NEEDED TO FILL THE GAP ELIGIBLE YOUTH RESIDING AT SUMMIT TRAIL RECEIVE RENTAL ASSISTANCE VOUCHERS THROUGH A PARTNERSHIP WITH THE ATLANTA HOUSING AUTHORITY 100% OF YOUTH DISPLAYED IMPROVEMENT ON THE ANSELL CASEY LIFE SKILLS PRE AND POST ASSESSMENT AND 100% OF YOUTH ENROLLED AS SENIORS IN HIGH SCHOOL GRADUATED DURING 2011, 87% OF RESIDENTS WERE WORKING AND/OR IN SCHOOL OF THE YOUTH WHO WERE WORKING 92% MAINTAINED EMPLOYMENT 90 DAYS OR LONGER AND 86% MAINTAINED EMPLOYMENT FOR SIX (6) MONTHS OR LONGER ANOTHER IMPORTANT MEASURE FOR SUPPORTIVE HOUSING PROGRAMS IS STABLE HOUSING AT DISCHARGE AND 95% OF TRANSITIONZ RESIDENTS WHO LEFT THE PROGRAM IN 2011 WERE DISCHARGED TO STABLE HOUSING SITUATIONS IN 2011, CHRIS KIDS TRANSITIONZ PROGRAM PROVIDED 381,000 IN UNCOMPENSATED CARE

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 7,351,334

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	1	Yes
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	2	Yes
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>	3	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? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	4	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? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>	5	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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>	6	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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	10	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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	11a	No
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	11b	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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	11c	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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	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? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	17	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? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	18	Yes
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>	19	No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b	

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) 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>	25a		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>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		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>	28a	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		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>	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b 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>	35b		No
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>	36	Yes	
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>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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 to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed GA; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHERINE B COLBENSON, 1017 FAYETTEVILLE ROAD SUITE B, ATLANTA, GA 30316, (404) 486-9034.

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) MARILYN WHITLEY-CARTER CHAIR	2 00	X		X				0	0	0
(2) CHAD DUNCAN VICE CHAIR		X		X				0	0	0
(3) ROLF GRUN TREASURER		X		X				0	0	0
(4) MARCEL HANNAH SECRETARY		X		X				0	0	0
(5) KATHARINE DAY BRENER DIRECTOR	1 00	X						0	0	0
(6) SHEILA DRAMIS DIRECTOR	1 00	X						0	0	0
(7) SHEILA WEIDMAN-FARLEY DIRECTOR	1 00	X						0	0	0
(8) SHELLEY GIBERSON DIRECTOR	1 00	X						0	0	0
(9) CLAY HADEN DIRECTOR	1 00	X						0	0	0
(10) NANDY HURST DIRECTOR	1 00	X						0	0	0
(11) JD KELLUM DIRECTOR	1 00	X						0	0	0
(12) JENNIFER KELLY PHD DIRECTOR	1 00	X						0	0	0
(13) STEPHEN KELLY PHD DIRECTOR	1 00	X						0	0	0
(14) STEPHEN KOLSKI DIRECTOR	1 00	X						0	0	0
(15) KENNETH MENENDEZ DIRECTOR	1 00	X						0	0	0
(16) MARTHA PACINI DIRECTOR	1 00	X						0	0	0
(17) DAVE PAULE DIRECTOR	1 00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) MARK PHILLIPS DIRECTOR	1 00	X						0	0	0
(19) JOCELYN STARGEL DIRECTOR	1 00	X						0	0	0
(20) THOMAS WATSON DIRECTOR	1 00	X						0	0	0
(21) KATHERINE COLBENSON CEO	45 00			X				149,874	0	4,288
(22) MARIA FOGARTY CFO				X				29,420	0	0
(23) DONALD BOLLMER CFO				X				14,751	0	0
(24) LISA WILLIAMS CFO				X				11,342	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								205,387		4,288

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	102,358				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,613,781				
	g	Noncash contributions included in lines 1a-1f \$ <u>234,469</u>					
	h	Total. Add lines 1a-1f ▶	1,716,139				
Program Service Revenue	2a	FEES/SERVICE CONTRACTS	5,872,430	5,872,430			
	b	COUNSELING REVENUE	1,191,191	1,191,191			
	c	MANAGEMENT FEES	176,400	176,400			
	d	TRAINING REVENUE	28,682	28,682			
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	7,268,703				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	2,567			2,567	
	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 \$ <u>102,358</u> of contributions reported on line 1c) See Part IV, line 18 a	287,097					
b	Less direct expenses b	122,117					
c	Net income or (loss) from fundraising events . . ▶	164,980			164,980		
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	REFUNDS AND REBATES	524298	2,037	2,037			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		2,037				
12	Total revenue. See Instructions ▶		9,154,426	7,270,740		167,547	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	205,386	182,481	15,688	7,217
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	4,717,447	4,191,317	360,330	165,800
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,017	8,205	8,446	366
9	Other employee benefits	431,735	337,132	85,678	8,925
10	Payroll taxes	461,700	416,203	29,957	15,540
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,530	1,294	118	118
c	Accounting	66,560	3,358	63,202	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	259,722	127,729	126,218	5,775
12	Advertising and promotion	5,387	1,625		3,762
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	546,780	450,895	79,477	16,408
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,841	600	346	3,895
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	64,049	16,853	47,196	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROFESSIONAL MEDICAL	464,444	464,444		
b	VEHICLE MAINTENANCE	372,887	351,395	17,120	4,372
c	DIRECT CARE	337,985	319,535	266	18,184
d	TELEPHONE	114,062	105,508	6,733	1,821
e					
f	All other expenses	473,583	372,760	72,916	27,907
25	Total functional expenses. Add lines 1 through 24f	8,545,115	7,351,334	913,691	280,090
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,552,439	1	1,024,984
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	659,431	3	743,943
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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	44,951	9	63,604
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	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	71,908	15	449,879
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,328,729	16	2,282,410	
Liabilities	17 Accounts payable and accrued expenses	295,264	17	325,934
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		23	
	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	200,575
	26 Total liabilities. Add lines 17 through 25	295,264	26	526,509
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,683,705	27	1,560,462
	28 Temporarily restricted net assets	2,349,760	28	195,439
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	4,033,465	33	1,755,901	
34 Total liabilities and net assets/fund balances	4,328,729	34	2,282,410	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,154,426
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,545,115
3	Revenue less expenses Subtract line 2 from line 1	3	609,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,033,465
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,886,875
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,755,901

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRIS KIDS 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 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,218,030	1,871,129	1,317,418	4,123,749	1,716,139	11,246,465
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	2,218,030	1,871,129	1,317,418	4,123,749	1,716,139	11,246,465
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)						2,179,825
6 Public Support. Subtract line 5 from line 4						9,066,640

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,218,030	1,871,129	1,317,418	4,123,749	1,716,139	11,246,465
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,566	16,761	3,940	437	2,567	71,271
9 Net income from unrelated business activities, whether or not the business is regularly carried on	68,283	106,545	153,511	74,967	164,980	568,286
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets			18,667	610	2,037	21,314
11 Total support (Add lines 7 through 10)						11,907,336
12 Gross receipts from related activities, etc. (See instructions.)					12	7,270,740

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	76.140%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	70.200%

16a 33 1/3% support test—2011. 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—2010.** If the organization did not check the 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—2011.** 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1430183

Name: CHRIS KIDS INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

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. See separate instructions.

Department of the Treasury Internal Revenue Service

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

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

Name of the organization CHRIS KIDS INC

Employer identification number

58-1430183

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 on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

	(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		9,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			9,000
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?		No	

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?		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		No

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1	THE ORGANIZATION HAS EMPLOYED THE SERVICES OF WL 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)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CHRIS KIDS 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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,154,426
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,545,115
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	609,311
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	609,311

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

1	Total revenue, gains, and other support per audited financial statements	1	9,295,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	140,865
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	140,865
3	Subtract line 2e from line 1	3	9,154,426
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	9,154,426

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,685,980
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	140,865
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	140,865
3	Subtract line 2e from line 1	3	8,545,115
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	8,545,115

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	CHRIS KIDS, INC IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN A POSITION THAT (BASED ON A MORE-LIKELY-THAN-NOT STANDARD) WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAX AUTHORITY THE ORGANIZATION BELIEVES THAT THERE WERE NO UNCERTAIN POSITIONS TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2011 THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE REGULATORY AUTHORITIES THE ORGANIZATION FEDERAL TAX RETURNS REMAIN OPEN TO EXAMINATION FOR THE YEARS ENDED DECEMBER 31, 2008 THROUGH 2011

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to 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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CHRIS KIDS INC

Employer identification number 58-1430183

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail 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. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CHRISTAL BALL (event type)	PREMIERE PARTY (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	264,761	66,762	57,932	389,455
	2 Less Charitable contributions	46,636	25,616	30,106	102,358
	3 Gross income (line 1 minus line 2)	218,125	41,146	27,826	287,097
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	48,824			48,824
	7 Food and beverages	4,739	5,693	67	10,499
	8 Entertainment	969	1,300	4,175	6,444
	9 Other direct expenses	33,322	10,338	12,690	56,350
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(122,117)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				164,980	

Part III Gaming. Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 Combine lines 1 and 7 in column (d) ▶					

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

a Is the organization licensed to operate 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 operate 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 operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide 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

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 Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRIS KIDS INC

Employer identification number

58-1430183

Part I Questions Regarding Compensation

Yes No

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

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 the expenses described above? If "No," complete Part III to explain

1b

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

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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?

4a No

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

4b No

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

4c No

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) and 501(c)(4) organizations only must complete lines 5-9.

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

a The organization?

5a No

b Any related organization?

5b No

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

6 For persons listed in 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?

6a No

b Any related organization?

6b No

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

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

7 No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

8 No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE COLBENSON	(i) (ii)	149,874			4,288	154,162		

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CHRIS KIDS INC

Employer identification number 58-1430183

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHEILA DRAMIS CO LOWDEN PAYROLL	BUSINESS	22,008	PAYROLL PROCESSING		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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

NonCash Contributions

OMB No 1545-0047

2011

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRIS KIDS INC

Employer identification number
58-1430183

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		37,577	
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	X	1	8,403	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
SPECIAL				
25 Other ▶ (<u>EVENTS</u>)	X	103	102,358	
SCHOOL				
26 Other ▶ (<u>SUPPLIES</u>)	X	5	5,698	
27 Other ▶ (<u>RECREATION</u>)	X	1	26,863	
OTHER				
28 Other ▶ (<u>ITEMS</u>)	X	31	53,570	

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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		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 non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
CHRIS KIDS INC

Employer identification number

58-1430183

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	OUR EMPHASIS IS ON FAMILY LIVING WE CREATE AN ATMOSPHERE THAT IS SIMILAR TO BEING AT HOME EACH HOME HAS UP TO SIX CHILDREN AND TRAINED STAFF MEMBERS WHO PROVIDE SUPERVISION AND GUIDANCE 24 HOURS A DAY, 7 DAYS A WEEK WE ENSURE THAT OUR KIDS RECEIVE QUALITY BEHAVIORAL HEALTH SERVICES, DEVELOP COPING SKILLS AND AGE APPROPRIATE SOCIAL/LIFE SKILLS OUR CHILDREN AND YOUTH GO TO PUBLIC SCHOOLS, PLAY SPORTS, PARTICIPATE IN AFTER-SCHOOL ACTIVITIES, HAVE CHORES, AND OUR GOAL IS THAT THEY ARE ABLE TO PARTICIPATE IN THE COMMUNITY JUST LIKE OTHER KIDS THEIR AGE WE ENCOURAGE ACCOUNTABILITY AND RESPONSIBILITY THROUGH COMMUNITY SERVICE, AND OTHER PROJECTS THAT BUILD CONFIDENCE, SELF-ESTEEM AND LEADERSHIP SKILLS SPECIAL EMPHASIS IS PLACED ON RE-UNIFYING CHILDREN WITH THEIR RELATIVES IF AT ALL POSSIBLE, ON HELPING CHILDREN DEVELOP POSITIVE RELATIONSHIPS WITH CARING ADULTS AND/OR FAMILY MEMBERS, AND ON CREATING "FAMILIES OF CHOICE" IF THERE ARE NO RELATIVES INVOLVED WITH A FOCUS ON REAL WORLD SOCIAL SKILL BUILDING, ENGAGEMENT IN COMMUNITY AND AFTER-SCHOOL ACTIVITIES IS STANDARD AFTERCARE SERVICES FOCUS ON THE DEVELOPMENT OF NATURAL SUPPORT SYSTEM AS WELL AS PROVIDING ON-GOING SUPPORT APPROXIMATELY 70% OF THE FUNDING THAT SUPPORTS CHILDREN IN THE HOMES IS STATE FUNDING CHARITABLE FUNDING IS REQUIRED TO FILL THE GAP BETWEEN WHAT IS PAID AND THE TRUE COST OF CARE CHILDREN DEMONSTRATED 55% IMPROVEMENT IN FUNCTIONING AS MEASURED BY THE CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE IN 2011, CHRIS KIDS COMMUNITY BASED RESIDENTIAL PROGRAMS PROVIDED 435,000 IN UNCOMPENSATED CARE

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	IN ADDITION TO MENTAL HEALTH SERVICES, THE CHRIS COUNSELING CENTER IS LICENSED TO PROVIDE TREATMENT FOR CO-OCCURRING DISORDERS AND OFFERS TWO DIFFERENT LEVELS OF GROUPS, TREATMENT AND EDUCATION TO YOUTH WHO HAVE BEEN IDENTIFIED AS NEEDING SUBSTANCE ABUSE SERVICES. BEHAVIORAL HEALTH SERVICES ARE AVAILABLE TO CHILDREN AND FAMILIES THROUGHOUT THE COMMUNITY. GRANTS AND CHARITABLE CONTRIBUTIONS ARE REQUIRED TO MEET THE FULL COST OF CARE. MANY CLIENTS ARE UNINSURED OR UNDERINSURED. FEE FOR SERVICE PAYMENT BY MEDICAID AND BY THREE CARE MANAGED ORGANIZATIONS THAT SERVE PEACHCARE ENROLLEES IN GEORGIA LEAVES A LARGE UNFUNDED GAP. CHILDREN, YOUTH AND FAMILIES RECEIVING SERVICES DEMONSTRATED IMPROVEMENT IN BEHAVIOR AND FUNCTIONING AS WELL AS REDUCTIONS IN SYMPTOMS. DURING 2011, 19,532 HOURS OF THERAPEUTIC SESSIONS WERE PROVIDED BY THE CHRIS COUNSELING CENTER TO 793 INDIVIDUALS AND FAMILIES. UNCOMPENSATED CARE OF 216,000 WAS ALSO PROVIDED.

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	<p>THESE YOUNG ADULTS MUST BE WORKING AND/OR ENROLLED IN APPROPRIATE EDUCATIONAL PROGRAMS FOR A MINIMUM OF 30 HOURS PER WEEK THE PROGRAM PROVIDES A SAFE PLACE FOR YOUTH TO GAIN SELF-RESPECT, CONFIDENCE AND BUILD SKILLS IT PROVIDES INSTRUCTION IN LIFE SKILLS (EMPLOYMENT, FINANCIAL AND HOUSEHOLD MANAGEMENT, PSYCHO-SOCIAL ISSUES, SEX EDUCATION, AND SAFE SEX PRACTICES) AND GUIDANCE IN GAINING/MAINTAINING EMPLOYMENT A PRIMARY EMPHASIS IS ON ATTAINING EDUCATIONAL GOALS, COMPLETING HIGH SCHOOL, ATTENDING TECHNICAL, VOCATIONAL SCHOOLS OR COLLEGE OUTREACH TO HOMELESS YOUTH TARGETS THOSE WHO IDENTIFY AS GAY, LESBIAN, BISEXUAL, TRANSGENDER OR QUESTIONING AS THEY ARE DISPORTIONATELY HOMELESS AND OFTEN DO NOT ACCESS SERVICES DUE TO SAFETY CONCERNS THE ULTIMATE GOAL IS TO HELP RESIDENTS CREATE AND MAINTAIN POSITIVE, HEALTHY RELATIONSHIPS WITH OTHERS, MAKE A SUCCESSFUL TRANSITION TO SELF-SUFFICIENT ADULTHOOD, AND DEMONSTRATE RESPONSIBLE COMMUNITY BEHAVIOR CHARITABLE FUNDS ARE REQUIRED TO PROVIDE SERVICES TO HOMELESS YOUTH STATE FUNDING PROVIDES A PORTION OF WHAT IS NEEDED TO ASSIST YOUTH AGING OUT OF FOSTER CARE AND DONATIONS ARE NEEDED TO FILL THE GAP ELIGIBLE YOUTH RESIDING AT SUMMIT TRAIL RECEIVE RENTAL ASSISTANCE VOUCHERS THROUGH A PARTNERSHIP WITH THE ATLANTA HOUSING AUTHORITY 100% OF YOUTH DISPLAYED IMPROVEMENT ON THE ANSELL CASEY LIFE SKILLS PRE AND POST ASSESSMENT AND 100% OF YOUTH ENROLLED AS SENIORS IN HIGH SCHOOL GRADUATED DURING 2011, 87% OF RESIDENTS WERE WORKING AND/OR IN SCHOOL OF THE YOUTH WHO WERE WORKING 92% MAINTAINED EMPLOYMENT 90 DAYS OR LONGER AND 86% MAINTAINED EMPLOYMENT FOR SIX (6) MONTHS OR LONGER ANOTHER IMPORTANT MEASURE FOR SUPPORTIVE HOUSING PROGRAMS IS STABLE HOUSING AT DISCHARGE AND 95% OF TRANSITIONZ RESIDENTS WHO LEFT THE PROGRAM IN 2011 WERE DISCHARGED TO STABLE HOUSING SITUATIONS IN 2011, CHRIS KIDS TRANSITIONZ PROGRAM PROVIDED 381,000 IN UNCOMPENSATED CARE</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 WILL BE PROVIDED TO THE AUDIT COMMITTEE AND THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CHRIS KIDS 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 KIDS 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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR DETERMINING CEO COMPENSATION INCLUDED SALARY SURVEYS, COMPARABLE DATA FROM SIMILARLY SIZED CHILD WELFARE/MENTAL HEALTH ORGANIZATIONS WITH COMPARABLE EDUCATION, ACCREDITATION AND LICENSURE REQUIREMENTS, AS WELL AS CONSULTATION WITH A NON-PROFIT EXECUTIVE SEARCH FIRM

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE PROCESS FOR DETERMINING COMPENSATION FOR OTHER TOP MANAGERS/KEY EMPLOYEES INCLUDED NON-PROFIT/MENTAL HEALTH/CHILD WELFARE SECTOR SALARY SURVEYS, COMPARABLE DATA FROM SIMILAR ORGANIZATIONS WITH COMPARABLE EDUCATION, ACCREDITATION AND LICENSURE REQUIREMENTS AND DISCUSSION WITH A NON-PROFIT EXECUTIVE SEARCH FIRM

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRIS KIDS 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 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	COUNSELING	GA			N/A
(2) CHRIS KIDS OPERATIONS LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0567666	HEAL KIDS	GA			N/A
(3) CHRIS PROPERTIES GRAHAM CIRCLE LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0909115	SUPP HOUS	GA			N/A
(4) CHRIS HOME PROPERTIES LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0916288	HOMES	GA			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 organization	
						Yes	No
(1) CHRIS HOME PROPERTIES INC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 58-1431678	HOMES	GA	501C2		N/A		No
(2) CHRIS PROPERTIES GRAHAM CIRCLE INC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 26-0874710	SUPP HOUS	GA	501C2		N/A		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

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

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

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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Software ID:
Software Version:
EIN: 58-1430183
Name: CHRIS KIDS INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) CHRIS HOMES PROPERTIES INC	J	347,277	FMV
(2) CHRIS HOMES PROPERTIES INC	K	133,200	FMV
(3) CHRIS HOMES PROPERTIES INC	B	5,415	FMV
(4) CHRIS PROPERTIES GRAHAM CIRCLE INC	K	43,200	FMV
(5) CHRIS PROPERTIES GRAHAM CIRCLE INC	Q	42,822	FMV
(6) CHRIS PROPERTIES GRAHAM CIRCLE INC	B	247,239	FMV
(7) CHRIS PROPERTIES LLC	Q	256,631	FMV
(8) CHRIS HOMES PROPERTIES INC	J	347,277	FMV
(9) CHRIS HOMES PROPERTIES INC	K	133,200	FMV
(10) CHRIS HOMES PROPERTIES INC	B	5,415	FMV
(11) CHRIS PROPERTIES GRAHAM CIRCLE INC	K	43,200	FMV
(12) CHRIS PROPERTIES GRAHAM CIRCLE INC	Q	42,822	FMV
(13) CHRIS PROPERTIES GRAHAM CIRCLE INC	B	247,239	FMV
(14) CHRIS PROPERTIES LLC	Q	256,631	FMV

CHRIS KIDS, INC

2011 Form 990, Part I, Line 1 & Part III, Line 1

Supplemental Statement for Description of Mission

CHRIS Kids' mission is to heal children, strengthen families and build community. CHRIS is an acronym for the values that guide our work: Creativity, Honor, Respect, Integrity and Safety. We provide a Family of Services designed to unlock the potential in every child, young person and adult through Safe Homes & Environments, Behavioral Health, Strong Communities and Education & Training. At CHRIS Kids we believe that potential is a right, not a privilege. Our ultimate goal is to help children become self-sufficient, contributing citizens. To achieve this end, best practice models are utilized. All services are highly individualized and guided by the voices of those we serve.