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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 private foundations)  
 Do not enter social security numbers on this form as it may be made public  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

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

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

**D** Employer identification number: 58-1430183  
**E** Telephone number: (404) 486-9034  
**G** Gross receipts \$ 11,371,588

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

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

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

**J** Website: WWW CHRISKIDS ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1981  
**M** State of legal domicile: GA

**Part I Summary**

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	26
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	25
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	315
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,120
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-19,102
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-15,930

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,588,809	2,084,818
<b>9</b> Program service revenue (Part VIII, line 2g)	8,754,088	9,010,697
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,494	11,933
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,273	61,514
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,441,664	11,168,962
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,992,741	8,715,620
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 408,226		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,280,613	3,459,793
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,273,354	12,175,413
<b>19</b> Revenue less expenses Subtract line 18 from line 12	168,310	-1,006,451

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	13,595,034	12,680,572
<b>21</b> Total liabilities (Part X, line 26)	6,900,498	6,992,487
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	6,694,536	5,688,085

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \*\*\*\*\*  
 Date: 2015-06-01  
 Type or print name and title: KATHERINE B COLBENSON CEO

**Paid Preparer Use Only**  
 Preparer's name: STEVEN E TRUMBO  
 Date: 2015-06-01  
 Check  if self-employed  
 PTIN: P01069014  
 Firm's name: BROOKS MCGINNIS & COMPANY LLC  
 Firm's EIN: 58-2161308  
 Firm's address: 5871 GLENRIDGE DR NE STE 200, ATLANTA, GA 303285305  
 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 or note to any line 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 3,495,293 including grants of \$ ) (Revenue \$ 3,796,179 )  
 COMMUNITY BASED GROUP HOMES - JOURNEYZ PROGRAM THIS THERAPEUTIC PROGRAM HELPS ABUSED AND NEGLECTED CHILDREN WHO HAVE SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS AND WHO ARE IN FOSTER CARE, INVOLVED WITH THE JUVENILE JUSTICE OR MENTAL HEALTH STATE SYSTEMS CHILDREN LIVE WITH FIVE OTHER YOUTH IN ONE OF EIGHT NEIGHBORHOOD HOMES UNDER THE SUPERVISION AND GUIDANCE OF TRAINED PERSONNEL WHILE RECEIVING AN INDIVIDUALIZED ARRAY OF COUNSELING, SUPPORT, LIFE SKILLS, EDUCATIONAL ASSISTANCE AND ENRICHMENT ACTIVITIES THESE SIX BED GROUP HOMES ARE LOCATED IN METRO ATLANTA'S FULTON, DEKALB, GWINNETT, CLAYTON AND DOUGLAS COUNTIES WHERE THE EMPHASIS IS ON FAMILY LIVING CHILDREN AND YOUTH GO TO PUBLIC SCHOOLS, PLAY SPORTS, PARTICIPATE IN AFTER-SCHOOL ACTIVITIES AND EARN AN ALLOWANCE FOR HOUSEHOLD CHORES AS IN ANY FAMILY UNDER THE SUPERVISION AND GUIDANCE OF TRAINED STAFF 24 HOURS A DAY, 7 DAYS A WEEK OUR GOAL IS FOR THE CHILDREN TO BE 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 RELATIVES IF AT ALL POSSIBLE, ON HELPING CHILDREN DEVELOP POSITIVE RELATIONSHIPS WITH FAMILY MEMBERS AND/OR CARING ADULTS, 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 SERVICES FOCUS ON THE DEVELOPMENT OF NATURAL SUPPORT SYSTEMS AS WELL AS PROVIDING ON-GOING SUPPORT DURING 2014, THE PROGRAM SERVED 126 CHILDREN WHO, AT ADMISSION, HAD ON AVERAGE, SEVEN PRIOR PLACEMENTS, WERE ON 3 5 PSYCHOTROPIC MEDICATIONS AND WERE TWO YEARS BEHIND IN SCHOOL WHILE IN THE PROGRAM 100% OF THE CHILDREN DEMONSTRATED IMPROVEMENT IN LIFE SKILLS, PARTICIPATED IN VOLUNTEER ACTIVITIES AND PURSUED EDUCATIONAL GOALS WHILE BEGINNING TO HEAL FROM THE SCARS OF ABUSE/NEGLECT AND LEARNING HOW TO FUNCTION SUCCESSFULLY IN THE COMMUNITY ALL EIGHT GROUP HOMES ARE EARTHCRAFT CERTIFIED APPROXIMATELY 79% OF THE FUNDING THAT SUPPORTS THESE CHILDREN IS STATE FUNDING IN 2014, CHRIS KIDS COMMUNITY BASED RESIDENTIAL PROGRAMS PROVIDED 362,711 IN UNCOMPENSATED CARE CHARITABLE FUNDING IS REQUIRED TO FILL THE GAP BETWEEN WHAT IS PAID AND THE TRUE COST OF CARE FOR THESE CHILDREN

**4b** (Code ) (Expenses \$ 3,150,230 including grants of \$ ) (Revenue \$ 2,386,143 )  
 CHRIS COUNSELING CENTER THE CHRIS COUNSELING CENTER PROVIDES TRAUMA INFORMED MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING FOR CHILDREN, YOUTH, ADULTS AND FAMILIES THROUGH IN CLINIC, IN HOME AND IN COMMUNITY SERVICES CLIENTS ARE HELPED TO DEVELOP THE SKILLS THEY NEED TO HEAL, BUILD RESILIENCY AND SUSTAIN RECOVERY THERAPISTS WITH SPECIALIZED TRAINING IN TRAUMA AND EVIDENCED BASED PRACTICES HELP CLIENTS CONFRONT, RECOVER AND HEAL FROM PAST SEXUAL ABUSE, PHYSICAL ABUSE AND/OR OTHER TRAUMATIC EVENTS AND LEARN TO MANAGE THEIR MENTAL HEALTH AND ADDICTION CHALLENGES THIS YEAR, THE CHRIS COUNSELING CENTER BEGAN OFFERING TELEPSYCHIATRY IN PARTNERSHIP WITH THE GEORGIA PARTNERSHIP FOR TELEHEALTH, OPENED AN OUTREACH COUNSELING LOCATION IN LAWRENCEVILLE, GEORGIA, PROVIDED COUNSELING SERVICES AT THE DEKALB JUVENILE COURT AND EXPANDED COUNSELING SERVICES THROUGH SCHOOL BASED MENTAL HEALTH AND 12 ADDITIONAL MOU PARTNERSHIPS WITH OTHER NONPROFITS DURING 2014, COUNSELING WAS PROVIDED TO 2,426 INDIVIDUALS WITH 89% OF CLIENTS DEMONSTRATING PROGRESS ON TREATMENT GOALS, 90% INDICATING SATISFACTION WITH COUNSELING SERVICES AND 97% OF FAMILIES REPORTING IMPROVEMENT IN FAMILY FUNCTIONING AND FEELING LESS STRESS WITHIN THE FAMILY DURING 2014, UNCOMPENSATED CARE IN THE AMOUNT OF 1,186,753 WAS PROVIDED OVER 20% OF THE 31% OF UNINSURED CLIENTS SEEN IN 2014 WERE UNDER THE AGE OF 29 AND HAD PREVIOUSLY BEEN IN FOSTER CARE AND/OR WERE HOMELESS THE UNCOMPENSATED CARE COST PER CLIENT AVERAGED 1,578 GRANTS AND CHARITABLE CONTRIBUTIONS ARE REQUIRED TO MEET THE FULL COST OF BEHAVIORAL HEALTH CARE EACH YEAR PAYMENT SOURCES INCLUDE PRIVATE INSURERS, MEDICAID AND CO-PAYS

**4c** (Code ) (Expenses \$ 1,392,203 including grants of \$ ) (Revenue \$ 936,413 )  
 TRANSITIONING AGE YOUTH - TRANSITIONZ PROGRAM THE GOAL OF THIS PROGRAM IS TO HELP OLDER YOUTH AND YOUNG ADULTS MAKE SUCCESSFUL TRANSITIONS TO ADULTHOOD AND BECOME PRODUCTIVE, INDEPENDENT, CONTRIBUTING MEMBERS OF OUR COMMUNITIES DURING 2014, FIVE TRANSITIONZ PROGRAMS PROVIDED AN INDIVIDUALIZED ARRAY OF COUNSELING, CASE MANAGEMENT, LIFE SKILLS, JOB COACHING, PARENTING SKILLS AND SUPPORT SERVICES TO YOUTH, UP TO AGE 26, THAT THESE 280 SINGLE AND PARENTING TEENS AND YOUNG ADULTS NEEDED TO ACHIEVE SELF-SUFFICIENCY (PARENTS SERVED HAD 16 CHILDREN ) NOT COUNTED IN THE NUMBER SERVED ARE AN ADDITIONAL 487 YOUTH WHO WERE PROVIDE REFERRALS AND RESOURCES THROUGH OUR STREET OUTREACH PROGRAM -THE EMERGENCY ASSISTANCE PROGRAM SEEKS TO PREVENT YOUNG ADULTS UP TO AGE 26 (AND THEIR FAMILIES) WITH SIGNIFICANT MENTAL HEALTH ISSUES FROM BECOMING HOMELESS AND HELPS THOSE THAT ARE ALREADY HOMELESS BY ASSISTING THEM IN SECURING/MAINTAINING STABLE HOUSING AND EMPLOYMENT WHILE THEY RECEIVE ON- GOING SUPPORT, GUIDANCE AND INSTRUCTION DESIGNED TO FOSTER THEIR ABILITY TO BECOME SELF SUFFICIENT THESE YOUNG ADULTS BECOME ECONOMICALLY SELF- SUFFICIENT THROUGH TRAUMA INFORMED COUNSELING, SUPPORT, DEVELOPMENT OF FINANCIAL LITERACY AND TRAINING IN EMPLOYMENT SKILLS DURING 2014, 67 YOUTH WERE SERVED 100% BECAME HOUSED WITH 92% WORKING AND/OR IN SCHOOL -TRANSITIONZ AT SUMMIT TRAIL APARTMENTS PROVIDED SUPPORTIVE HOUSING, INDIVIDUALIZED COUNSELING AND LIFE COACHING SERVICES UTILIZING A TRAUMA INFORMED, EVIDENCED SUPPORTED TRANSITION TO INDEPENDENCE PROCESS (TIP) MODEL FOR 69 YOUNG PEOPLE WITH A MENTAL HEALTH DIAGNOSIS, AGES 17-24, WHO WERE HOMELESS OR AGING OUT OF FOSTER, INCLUDING PARENTS WITH 15 CHILDREN AGES FIVE AND YOUNGER WHILE LIVING IN THE APARTMENTS, 89% OF YOUNG PEOPLE WERE WORKING AND/OR IN SCHOOL AND 87% MAINTAINED EMPLOYMENT FOR 90 DAYS OR LONGER TWO YEAR OUTCOMES DEMONSTRATE THAT 97% ARE SAFELY HOUSED, 79% ARE EMPLOYED AND/OR IN SCHOOL AND 18% ARE YOUNG MOTHERS LIVING WITH A RELATIVE, SPOUSE OR SIGNIFICANT OTHER SUMMIT TRAIL APARTMENTS IS EARTHCRAFT CERTIFIED -THE CHRIS CLUBHOUSE OPENED IN 2012, IN PARTNERSHIP WITH THE GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES, TO PROVIDE YOUNG ADULTS WITH A MENTAL HEALTH DIAGNOSIS LIVING IN THE COMMUNITY, AGES 15-21, A SAFE PLACE TO GATHER WHILE LEARNING THE SKILLS NECESSARY TO TRANSITION SUCCESSFULLY TO ADULTHOOD DURING 2014 THE CONTRACT WAS EXPANDED AND THE CLUBHOUSE BEGAN OFFERING SUBSTANCE ABUSE SERVICES AS WELL AND 118 YOUTH RECEIVED HELP AND SUPPORT NINETY FIVE% OF ALL ACTIVITIES WERE YOUTH DIRECTED AND 98% OF YOUTH HAD NO NEW LEGAL INVOLVEMENT -EMERGENCY SHELTER/TRANSITIONAL LIVING PROGRAM PROVIDED EMERGENCY HOUSING, SUPPORT, AND INDIVIDUALIZED COUNSELING, LIFE COACHING AND PARENTING SKILLS TRAINING FOR 26 YOUTH, AGES 17 - 21 WHILE PARTICIPATING IN THE PROGRAM 70% BECAME EMPLOYED, 17% TRANSITIONED TO SUMMIT TRAIL AND 100% WERE SAFELY HOUSED UPON LEAVING THE PROGRAM -TRANSITIONZ AFTERCARE LIFE COACHES PROVIDED 22 YOUNG ADULTS WITH AFTERCARE SUPPORT SERVICES DURING 2014 THESE YOUNG ADULTS WERE LEAVING AN EMERGENCY SHELTER, SUMMIT TRAIL APARTMENTS OR HAD BEEN REFERRED BY A STATE AGENCY AND WERE IN NEED OF ON-GOING COMMUNITY SUPPORT SERVICES ONE HUNDRED PERCENT OF THESE AFTERCARE YOUTH ARE SAFELY HOUSED, 94% ARE EMPLOYED AND/OR IN AN EDUCATIONAL PROGRAM AND 6% OR TWO YOUNG ADULTS ARE RESIDING WITH A FAMILY MEMBER OR BOYFRIEND WITH MINIMAL STATE SUPPORT FOR YOUTH AGING OUT OF FOSTER CARE ENDING AT AGE 21, SERVICES ARE DEPENDENT ON CHARITABLE SUPPORT FOR THE VAST MAJORITY OF THE UNINSURED 280 HOMELESS AND AGING OUT YOUTH AND 16 CHILDREN SERVED DURING 2014, THESE PROGRAMS PROVIDED 833,428 IN UNCOMPENSATED CARE ADDITIONAL REVENUE SOURCES INCLUDE THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE ATLANTA HOUSING AUTHORITY AND THE ADMINISTRATION FOR CHILDREN AND FAMILIES

See Additional Data

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 2,782,967 including grants of \$ ) (Revenue \$ 1,891,963 )

**4e** Total program service expenses 10,820,693

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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"/>		No
<b>4 Section 501(c)(3) organizations.</b> 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"/>	Yes	
<b>5</b> 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"/>		No
<b>6</b> 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"/>		No
<b>7</b> 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"/>		No
<b>8</b> 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"/>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b> 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"/>		No
<b>11</b> 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		
<b>a</b> 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"/>	Yes	
<b>b</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"/>		No
<b>c</b> 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"/>		No
<b>d</b> 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"/>		No
<b>e</b> 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"/>		No
<b>f</b> 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"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
<b>b</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 and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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> (see instructions) <input checked="" type="checkbox"/>		No
<b>18</b> 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"/>	Yes	
<b>19</b> 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"/>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 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 or note to any line in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (26), 1b (25), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (GA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (JANE FANT, 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 or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b</b>	<b>Sub-Total</b> . . . . .	▶			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d</b>	<b>Total (add lines 1b and 1c)</b> . . . . .	▶	326,279		13,489

**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 ▶**2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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	
<b>5</b> 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 ▶

**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>	92,008				
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	1,992,810				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	162,051				
	<b>h Total.</b> Add lines 1a-1f . . . . .	2,084,818				
<b>Program Service Revenue</b>	<b>2a</b> GRANTS AND CONTRACTS					
		Business Code				
		900099	8,576,323	8,576,323		
	<b>b</b> RENTAL INCOME	531110	362,833	362,833		
	<b>c</b> TRAINING PROGRAM REVENUE	900099	53,518	53,518		
	<b>d</b> OTHER PROGRAM FEES	900099	18,023	18,023		
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		9,010,697				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,414		1,414	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	5,500			
		(ii) Personal				
		<b>b</b> Less rental expenses	24,602			
		<b>c</b> Rental income or (loss)	-19,102			
	<b>d</b> Net rental income or (loss) . . . . .		-19,102		-19,102	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		10,519		
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)		10,519		
	<b>d</b> Net gain or (loss) . . . . .		10,519		10,519	
	<b>8a</b> Gross income from fundraising events (not including \$ 92,008 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	258,640			
		<b>b</b> Less direct expenses . . . . . <b>b</b>	178,024			
<b>c</b> Net income or (loss) from fundraising events . . . . .			80,616		80,616	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		11,168,962	9,010,697	-19,102	92,549	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	326,279	293,259	22,736	10,284
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	7,096,694	6,378,498	494,515	223,681
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	658,092	508,110	125,049	24,933
<b>10</b>	Payroll taxes . . . . .	634,555	576,250	37,766	20,539
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	47,421	47,421		
<b>b</b>	Legal . . . . .	21,568	685	20,883	
<b>c</b>	Accounting . . . . .	68,868		68,868	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	173,289	111,854	53,056	8,379
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .				
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	167,321	164,676	745	1,900
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .	48,867	40,025	8,826	16
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	694,960	694,960		
<b>23</b>	Insurance . . . . .	137,339	126,513	10,662	164
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	DIRECT CARE	463,502	394,455	499	68,548
<b>b</b>	PROFESSIONAL MEDICAL FEES	398,978	398,978		
<b>c</b>	VEHICLE MAINTENANCE	319,166	311,140	7,243	783
<b>d</b>	EQUIPMENT LEASES & REPAIR	241,240	229,557	5,911	5,772
<b>e</b>	All other expenses	677,274	544,312	89,735	43,227
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	12,175,413	10,820,693	946,494	408,226
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	925,137	<b>1</b>	700,350
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	1,357,767	<b>3</b>	1,142,389
	<b>4</b> Accounts receivable, net . . . . .	26,411	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	23,689	<b>9</b>	37,017
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 14,505,943		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 3,911,051	11,102,319	<b>10c</b> 10,594,892
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	159,711	<b>15</b>	205,924
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,595,034	<b>16</b>	12,680,572	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	562,176	<b>17</b>	641,558
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,000	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6,337,072	<b>23</b>	6,350,929
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	250	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,900,498	<b>26</b>	6,992,487
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	5,387,120	<b>27</b>	4,768,312
	<b>28</b> Temporarily restricted net assets . . . . .	1,307,416	<b>28</b>	919,773
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	6,694,536	<b>33</b>	5,688,085	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	13,595,034	<b>34</b>	12,680,572	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,168,962
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,175,413
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,006,451
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,694,536
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,688,085

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> 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?	Yes	
<b>3b</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	Yes	

# Additional Data

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

## Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 2,782,967 including grants of \$ ) (Revenue \$ 1,891,963 )

CHRIS ADOPTION SERVICES CHRIS KIDS DEVELOPED A TRAUMA INFORMED FOSTER CARE ADOPTION MODEL WITH THE GOAL OF REDUCING FAILED ADOPTIONS FOR CHILDREN IN FOSTER CARE FOCUS IS PLACED ON THE ADOPTION OF HARD TO PLACE CHILDREN AND SIBLING GROUPS TRAUMA ASSESSMENTS AND COUNSELING FOR CHILDREN AS WELL AS THE ADOPTIVE PARENTS/FAMILIES IS INCLUDED DURING 2014, 44 INDIVIDUALS WERE SERVED WITH 23 COMPLETED HOME STUDIES, 14 CHILDREN PLACED IN ADOPTIVE HOMES AND SIX ADOPTION FINALIZATIONS THE GATEWAY HOME IS A SPECIAL COMPONENT OF CHRIS ADOPTION SERVICES THAT PROMOTES RE-UNITING SIBLINGS WHO ARE ELIGIBLE FOR ADOPTION AND FOR PROVIDING A TRANSITIONAL HOME IN THE COMMUNITY FOR CHILDREN IN THE FOSTER CARE SYSTEM WHO HAVE BEEN LIVING IN HOSPITALS OR RESIDENTIAL TREATMENT PROGRAMS RATHER THAN IN HOMES IN THE COMMUNITY KEEPING FAMILIES TOGETHER THROUGH THE KFT WRAPAROUND AND COMMUNITY SERVICES AN ARRAY OF IN-HOME AND CARE COORDINATION SERVICES ARE PROVIDED FOR CHILDREN, YOUTH AND FAMILIES IN THE COMMUNITY USE OF A NATIONALLY ACCLAIMED HIGH FIDELITY WRAPAROUND MODEL ENSURES THAT THE VOICE OF THE CLIENT GUIDES SERVICES AND THE DEVELOPMENT OF TWO PERSON TEAMS WORKING WITH EACH FAMILY INCREASES SUPPORT FAMILIES ARE HELPED TO NAVIGATE MULTIPLE SYSTEMS AND COMMUNITY SERVICES WHILE RECEIVING PREVENTION, REUNIFICATION AND/OR SUPPORT SERVICES AS NEEDED TO STRENGTHEN FAMILIES AND HELP THEM ACHIEVE THEIR GOALS SO THAT, IN THE FUTURE, FAMILIES AND THE INDIVIDUALS WITHIN THE FAMILIES HAVE THE SKILLS TO HELP THEMSELVES DURING 2014, 1,107 INDIVIDUALS WERE HELPED AND 87% OF FAMILIES WERE STRENGTHENED AVOIDING DISRUPTION OF THE FAMILY THROUGH HOSPITALIZATION, INCARCERATION OR THE OUT-OF-HOME PLACEMENT OF A CHILD SAFETY WAS ENSURED FOR 100% OF THE CHILDREN IN ALL FAMILIES SERVED THROUGH A JUVENILE JUSTICE INCENTIVE GRANT WITH THE GWINNETT JUVENILE COURT IN HOME SERVICES WERE PROVIDED TO YOUTH CLASSIFIED AS DESIGNATED FELONS AND THEIR FAMILIES BY TWO PERSON TEAMS COMPRISED OF A THERAPIST AND CASE MANAGER WITH THE GOAL OF PREVENTING RECIDIVISM SERVICES WERE PROVIDED TO 270 YOUTH AND FAMILY MEMBERS 82% OF YOUTH GRADUATED FROM THE PROGRAM WITH NO NEW JUVENILE CHARGES CHRIS TRAINING INSTITUTE THE CHRIS TRAINING INSTITUTE PROVIDED PROFESSIONAL, CLINICAL, CHILD WELFARE AND PREVENTION TRAINING TO 1,476 INDIVIDUALS DURING 2014 37% OF TRAININGS WERE TRAUMA SPECIFIC AND 25% WERE FOCUSED ON THE PREVENTION OF CHILD SEXUAL ABUSE DURING 2014, COURSE OFFERINGS INCREASED BY 40% AND THE BULLYING STOPS HERE AND TRAUMA STARS CURRICULUMS WERE DEVELOPED TRAINING PARTNERS INCLUDE THE UNITED WAY SUPPORTIVE SERVICES FOR VETERAN FAMILIES PROGRAM AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES TEEN DATING VIOLENCE TRAINING WAS ALSO PROVIDED TO AN ADDITIONAL 54 YOUTH AND 132 ADULTS AND WHO ARE NOT COUNTED IN THE NUMBER OF INDIVIDUALS WHO RECEIVED TRAINING THROUGH THE CHRIS TRAINING INSTITUTE PARTNERSHIPS CHRIS KIDS HAS 26 FORMAL PARTNERSHIP AGREEMENTS WITH OTHER NONPROFITS AND 12 LOCAL SCHOOLS TO PROVIDE A RANGE OF SERVICES INCLUDING COUNSELING SERVICES AND TRAINING IN ADDITION TO NUMEROUS COLLABORATIVE PARTNERS THROUGH WHOM SERVICE DELIVERY IS ENHANCED THESE PARTNERSHIPS EXPAND ACCESSIBILITY TO HIGH QUALITY TRAUMA INFORMED COUNSELING FOR THE CLIENTS OF THESE NONPROFITS AND COURT SYSTEMS INTEGRATED HEALTHCARE AND TELEHEALTH PARTNERSHIPS BENEFIT THE COMMUNITY AT LARGE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE COLBENSON ..... CEO	45 00 .....	X		X				195,349	0	11,479
(1) CHAD DUNCAN ..... CHAIR	1 00 .....	X		X				0	0	0
(2) ROLF GRUN ..... DIRECTOR	1 00 .....	X						0	0	0
(3) DEBBIE SESSIONS ..... DIRECTOR	1 00 .....	X						0	0	0
(4) SHEILA DRAMIS ..... DIRECTOR	1 00 .....	X						0	0	0
(5) SHEILA WEIDMAN-FARLEY ..... VICE CHAIR	1 00 .....	X		X				0	0	0
(6) JENNIFER DEMPSEY ..... DIRECTOR	1 00 .....	X						0	0	0
(7) NANDY HURST ..... SECRETARY	1 00 .....	X		X				0	0	0
(8) JD KELLUM ..... DIRECTOR	1 00 .....	X						0	0	0
(9) JONATHAN KARRON ..... DIRECTOR	1 00 .....	X						0	0	0
(10) KENNETH MENENDEZ ..... DIRECTOR	1 00 .....	X						0	0	0
(11) MARTHA PACINI ..... DIRECTOR	1 00 .....	X						0	0	0
(12) MARK PHILLIPS ..... DIRECTOR	1 00 .....	X						0	0	0
(13) THOMAS WATSON ..... DIRECTOR	1 00 .....	X						0	0	0
(14) KATERINA TAYLOR ..... DIRECTOR	1 00 .....	X						0	0	0
(15) DOUGLAS R HOOKER ..... TREASURER	1 00 .....	X		X				0	0	0
(16) WILLIAM B ROSENBERG ..... DIRECTOR	1 00 .....	X						0	0	0
(17) BRIAN BOWLING ..... DIRECTOR	1 00 .....	X						0	0	0
(18) CONROY BOXHILL ..... DIRECTOR	1 00 .....	X						0	0	0
(19) THOMAS J HOULE ..... DIRECTOR	1 00 .....	X						0	0	0
(20) LEE W CRUMP ..... DIRECTOR	1 00 .....	X						0	0	0
(21) CAROLYN C DONNELLY ..... DIRECTOR	1 00 .....	X						0	0	0
(22) RICH GILMORE ..... DIRECTOR	1 00 .....	X						0	0	0
(23) MONA B HARTY ..... DIRECTOR	1 00 .....	X						0	0	0
(24) ALAN SMITH ..... DIRECTOR	1 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARCEL HANNAH ..... DIRECTOR	1 00 .....	X						0	0	0
(1) RON CARMICHAEL ..... DIRECTOR	1 00 .....	X						0	0	0
(2) TODD MARKLE ..... DIRECTOR	1 00 .....	X						0	0	0
(3) CINDY SIMPSON ..... COO	45 00 .....			X				130,930	0	2,010

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

**2014**

**Open to Public Inspection**

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,123,749	1,716,139	1,522,096	2,588,809	2,084,818	12,035,611
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,123,749	1,716,139	1,522,096	2,588,809	2,084,818	12,035,611
<b>5</b> 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)						1,998,024
<b>6 Public support.</b> Subtract line 5 from line 4						10,037,587

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4	4,123,749	1,716,139	1,522,096	2,588,809	2,084,818	12,035,611
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	437	2,567	8,831	3,594	1,414	16,843
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	74,967	164,980	97,669	80,649	63,686	481,951
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	610	2,037		12,345		14,992
<b>11 Total support.</b> Add lines 7 through 10						12,549,397

**12** Gross receipts from related activities, etc. (see instructions) **12** 9,010,697

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) **14** 79.980%

**15** Public support percentage for 2013 Schedule A, Part II, line 14 **15** 78.720%

**16a 33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . . _____			
<b>b</b> From 2010. . . . . _____			
<b>c</b> From 2011. . . . . _____			
<b>d</b> From 2012. . . . . _____			
<b>e</b> From 2013. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . . _____			
<b>b</b> From 2011. . . . . _____			
<b>c</b> From 2012. . . . . _____			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 14,992

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Table with 2 columns: Name of the organization (CHRIS KIDS INC) and 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 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? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> 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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> 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 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		18,225
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			18,225
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,043,722		1,043,722
<b>b</b> Buildings . . . . .		10,630,577	2,114,835	8,515,742
<b>c</b> Leasehold improvements . . . . .		951,538	590,281	361,257
<b>d</b> Equipment . . . . .		1,651,033	1,063,869	587,164
<b>e</b> Other . . . . .		229,073	142,066	87,007
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				10,594,892

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LIABILITIES	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	11,429,371
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	237,743	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	22,666	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	260,409
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	11,168,962
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	11,168,962

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	12,435,822
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	237,743	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	22,666	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	260,409
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	12,175,413
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	12,175,413

**Part XIII Supplemental Information**

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

Return Reference	Explanation
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 CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON INCOME FROM UNRELATED BUSINESS ACTIVITIES AT DECEMBER 31, 2014 AND 2013, THE ORGANIZATION HAD FEDERAL AND STATE INCOME TAX NET OPERATING LOSS (NOL) CARRYFORWARDS OF 35,505 AND 19,576, RESPECTIVELY MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE BENEFIT FROM THE NOL CARRYFORWARDS WILL NOT BE REALIZED, THEREFORE, A DEFERRED TAX ASSET HAS NOT BEEN RECORDED ON THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013 IN ADDITION, THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN (BASED ON A MORE "LIKELY-THAN-NOT" STANDARD FOR SUBSTANTIATION), AND AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE REGULATORY AUTHORITIES, AND AS OF DECEMBER 31, 2014 THE ORGANIZATION'S FEDERAL TAX RETURNS TYPICALLY REMAIN OPEN TO EXAMINATION FOR THE LAST THREE YEARS
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL EXPENSES 22,666
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES 22,666



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization CHRIS KIDS INC

Employer identification number

58-1430183

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

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

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CHRISTAL BALL</u> (event type)	<u>PREMIERE PARTY</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	255,301	65,597	29,750	350,648
	<b>2</b> Less Contributions . . . . .	49,879	42,129		92,008
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	205,422	23,468	29,750	258,640
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	3,648	4,300		7,948
	<b>7</b> Food and beverages . . . . .	46,896	5,624	350	52,870
	<b>8</b> Entertainment . . . . .		400		400
	<b>9</b> Other direct expenses . . . . .	78,491	14,560	23,755	116,806
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					80,616

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

.....

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

**b** If "Yes," explain \_\_\_\_\_

.....

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activities conducted in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ .....

Address ▶ .....

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2014**

**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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHRIS KIDS INC

Employer identification number

58-1430183

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 of the expenses described above? If "No," complete Part III to explain.

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

**5** For persons listed 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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.

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> KATHERINE COLBENSON, CEO	(i)	195,349			5,550	5,929	206,828	
	(ii)	.....	.....	.....	.....	.....	.....	.....

**Part III Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CHRIS KIDS INC

Employer identification number 58-1430183

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Real estate, etc.

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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

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

Return Reference	Explanation
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Schedule M (Form 990) (2014)

**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 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2014**

**Open to Public Inspection**

Name of the organization  
CHRIS KIDS INC

**Employer identification number**

58-1430183

Return Reference	Explanation
FORM 990	<p>CHRIS IS AN ACRONYM FOR THE VALUES THAT GUIDE OUR WORK: CREATIVITY, HONOR, RESPECT, INTEGRITY &amp; SAFETY. WE PROVIDE A TRAUMA INFORMED FAMILY OF SERVICES DESIGNED TO DISCOVER AND UNLOCK THE POTENTIAL IN EVERY CHILD, ADULT, AND FAMILY. DURING 2014, 4,790 INDIVIDUALS WERE SERVED. WHILE CURRENT YEAR REVENUE LESS EXPENSES (LINE 19) REFLECTS A 1M LOSS, THE OPERATING REALITY IS THAT CHRIS KIDS HAD POSITIVE INCOME OF OVER 100,000 IN 2014. TWO KEY FACTORS CONTRIBUTED TO THE LOSS REFLECTED ON LINE 19: FIRST, FOUR MAJOR MULTI-YEAR FOUNDATION GRANTS WERE RECOGNIZED IN 2013 WHICH TOTALED 420,000. THESE FUNDS WERE NOT EXPENDED UNTIL 2014 (EXPENSES PAID FOR IN 2014 WITHOUT OFFSETTING INCOME). SECOND, DEPRECIATION EXPENSE OF 695,000 (PART IX, LINE 22) IS A NON-CASH, NON-OPERATING EXPENSE RESULTING PRIMARILY FROM ASSETS PURCHASED THROUGH A MULTI-MILLION DOLLAR CAPITAL CAMPAIGN IN 2010. HAVING THESE TWO KEY FACTORS INCLUDED IN THE REVENUE LESS EXPENSES TOTAL AS REQUIRED BY GAAP CAUSES OPERATING RESULTS TO APPEAR NEGATIVELY. CHRIS KIDS EXISTS TO IMPROVE THE LIVES OF CHILDREN, ADULTS AND FAMILIES THROUGH INNOVATIVE TRAUMA INFORMED SERVICES WHICH FILLS GAPS IN SERVICES, STRENGTHEN FAMILIES, INSPIRE HOPE, CREATE SELF-SUFFICIENCY, AND FOSTER PERSONAL ACCOUNTABILITY, REDUCING FUTURE DEPENDENCY ON GOVERNMENT. WE ACCOMPLISH THIS PURPOSE THROUGH A CONTINUUM OF TRAUMA INFORMED SERVICES, BEST PRACTICE MODELS AND PARTNERSHIPS THAT LEVERAGE THE CORE COMPETENCIES OF PARTNERS, INDIVIDUALS, FAMILIES AND COMMUNITIES. ALL SERVICES ARE GUIDED BY THE VOICES OF THOSE WE SERVE.</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>ALLOWANCE FOR HOUSEHOLD CHORES AS IN ANY FAMILY UNDER THE SUPERVISION AND GUIDANCE OF TRAINED STAFF 24 HOURS A DAY , 7 DAYS A WEEK OUR GOAL IS FOR THE CHILDREN TO BE 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 RELATIVES IF AT ALL POSSIBLE, ON HELPING CHILDREN DEVELOP POSITIVE RELATIONSHIPS WITH FAMILY MEMBERS AND/OR CARING ADULTS, 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. SERVICES FOCUS ON THE DEVELOPMENT OF NATURAL SUPPORT SYSTEMS AS WELL AS PROVIDING ON-GOING SUPPORT. DURING 2014, THE PROGRAM SERVED 126 CHILDREN WHO, AT ADMISSION, HAD ON AVERAGE, SEVEN PRIOR PLACEMENTS, WERE ON 3-5 PSYCHOTROPIC MEDICATIONS AND WERE TWO YEARS BEHIND IN SCHOOL. WHILE IN THE PROGRAM 100% OF THE CHILDREN DEMONSTRATED IMPROVEMENT IN LIFE SKILLS, PARTICIPATED IN VOLUNTEER ACTIVITIES AND PURSUED EDUCATIONAL GOALS WHILE BEGINNING TO HEAL FROM THE SCARS OF ABUSE/NEGLECT AND LEARNING HOW TO FUNCTION SUCCESSFULLY IN THE COMMUNITY. ALL EIGHT GROUP HOMES ARE EARTH-CRAFT CERTIFIED. APPROXIMATELY 79% OF THE FUNDING THAT SUPPORTS THESE CHILDREN IS STATE FUNDING. IN 2014, CHRIS KIDS COMMUNITY BASED RESIDENTIAL PROGRAMS PROVIDED 362,711 IN UNCOMPENSATED CARE. CHARITABLE FUNDING IS REQUIRED TO FILL THE GAP BETWEEN WHAT IS PAID AND THE TRUE COST OF CARE FOR THESE CHILDREN.</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	IN LAWRENCEVILLE, GEORGIA, PROVIDED COUNSELING SERVICES AT THE DEKALB JUVENILE COURT AND EXPANDED COUNSELING SERVICES THROUGH SCHOOL BASED MENTAL HEALTH AND 12 ADDITIONAL MOU PARTNERSHIPS WITH OTHER NONPROFITS DURING 2014, COUNSELING WAS PROVIDED TO 2,426 INDIVIDUALS WITH 89% OF CLIENTS DEMONSTRATING PROGRESS ON TREATMENT GOALS, 90% INDICATING SATISFACTION WITH COUNSELING SERVICES AND 97% OF FAMILIES REPORTING IMPROVEMENT IN FAMILY FUNCTIONING AND FEELING LESS STRESS WITHIN THE FAMILY DURING 2014, UNCOMPENSATED CARE IN THE AMOUNT OF 1,186,753 WAS PROVIDED OVER 20% OF THE 31% OF UNINSURED CLIENTS SEEN IN 2014 WERE UNDER THE AGE OF 29 AND HAD PREVIOUSLY BEEN IN FOSTER CARE AND/OR WERE HOMELESS THE UNCOMPENSATED CARE COST PER CLIENT AVERAGED 1,578 GRANTS AND CHARITABLE CONTRIBUTIONS ARE REQUIRED TO MEET THE FULL COST OF BEHAVIORAL HEALTH CARE EACH YEAR PAYMENT SOURCES INCLUDE PRIVATE INSURERS, MEDICAID AND CO-PAYS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>-THE EMERGENCY ASSISTANCE PROGRAM SEEKS TO PREVENT YOUNG ADULTS UP TO AGE 26 (AND THEIR FAMILIES) WITH SIGNIFICANT MENTAL HEALTH ISSUES FROM BECOMING HOMELESS AND HELPS THOSE THAT ARE ALREADY HOMELESS BY ASSISTING THEM IN SECURING/MAINTAINING STABLE HOUSING AND EMPLOYMENT WHILE THEY RECEIVE ON- GOING SUPPORT, GUIDANCE AND INSTRUCTION DESIGNED TO FOSTER THEIR ABILITY TO BECOME SELF SUFFICIENT THESE YOUNG ADULTS BECOME ECONOMICALLY SELF- SUFFICIENT THROUGH TRAUMA INFORMED COUNSELING, SUPPORT, DEVELOPMENT OF FINANCIAL LITERACY AND TRAINING IN EMPLOYMENT SKILLS DURING 2014, 67 YOUTH WERE SERVED 100% BECAME HOUSED WITH 92% WORKING AND/OR IN SCHOOL -TRANSITIONZ AT SUMMIT TRAIL APARTMENTS PROVIDED SUPPORTIVE HOUSING, INDIVIDUALIZED COUNSELING AND LIFE COACHING SERVICES UTILIZING A TRAUMA INFORMED, EVIDENCED SUPPORTED TRANSITION TO INDEPENDENCE PROCESS (TIP) MODEL FOR 69 YOUNG PEOPLE WITH A MENTAL HEALTH DIAGNOSIS, AGES 17-24, WHO WERE HOMELESS OR AGING OUT OF FOSTER, INCLUDING PARENTS WITH 15 CHILDREN AGES FIVE AND YOUNGER WHILE LIVING IN THE APARTMENTS, 89% OF YOUNG PEOPLE WERE WORKING AND/OR IN SCHOOL AND 87% MAINTAINED EMPLOYMENT FOR 90 DAYS OR LONGER TWO YEAR OUTCOMES DEMONSTRATE THAT 97% ARE SAFELY HOUSED, 79% ARE EMPLOYED AND/OR IN SCHOOL AND 18% ARE YOUNG MOTHERS LIVING WITH A RELATIVE, SPOUSE OR SIGNIFICANT OTHER SUMMIT TRAIL APARTMENTS IS EARTHCRAFT CERTIFIED -THE CHRIS CLUBHOUSE OPENED IN 2012, IN PARTNERSHIP WITH THE GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES, TO PROVIDE YOUNG ADULTS WITH A MENTAL HEALTH DIAGNOSIS LIVING IN THE COMMUNITY, AGES 15-21, A SAFE PLACE TO GATHER WHILE LEARNING THE SKILLS NECESSARY TO TRANSITION SUCCESSFULLY TO ADULthood DURING 2014 THE CONTRACT WAS EXPANDED AND THE CLUBHOUSE BEGAN OFFERING SUBSTANCE ABUSE SERVICES AS WELL AND 118 YOUTH RECEIVED HELP AND SUPPORT NINETY FIVE% OF ALL ACTIVITIES WERE YOUTH DIRECTED AND 98% OF YOUTH HAD NO NEW LEGAL INVOLVEMENT -EMERGENCY SHELTER/TRANSITIONAL LIVING PROGRAM PROVIDED EMERGENCY HOUSING, SUPPORT, AND INDIVIDUALIZED COUNSELING, LIFE COACHING AND PARENTING SKILLS TRAINING FOR 26 YOUTH, AGES 17 - 21 WHILE PARTICIPATING IN THE PROGRAM 70% BECAME EMPLOYED, 17% TRANSITIONED TO SUMMIT TRAIL AND 100% WERE SAFELY HOUSED UPON LEAVING THE PROGRAM -TRANSITIONZ AFTERCARE LIFE COACHES PROVIDED 22 YOUNG ADULTS WITH AFTERCARE SUPPORT SERVICES DURING 2014 THESE YOUNG ADULTS WERE LEAVING AN EMERGENCY SHELTER, SUMMIT TRAIL APARTMENTS OR HAD BEEN REFERRED BY A STATE AGENCY AND WERE IN NEED OF ON-GOING COMMUNITY SUPPORT SERVICES ONE HUNDRED PERCENT OF THESE AFTERCARE YOUTH ARE SAFELY HOUSED, 94% ARE EMPLOYED AND/OR IN AN EDUCATIONAL PROGRAM AND 6% OR TWO YOUNG ADULTS ARE RESIDING WITH A FAMILY MEMBER OR BOYFRIEND WITH MINIMAL STATE SUPPORT FOR YOUTH AGING OUT OF FOSTER CARE ENDING AT AGE 21, SERVICES ARE DEPENDENT ON CHARITABLE SUPPORT FOR THE VAST MAJORITY OF THE UNINSURED 280 HOMELESS AND AGING OUT YOUTH AND 16 CHILDREN SERVED DURING 2014, THESE PROGRAMS PROVIDED 833,428 IN UNCOMPENSATED CARE ADDITIONAL REVENUE SOURCES INCLUDE THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE ATLANTA HOUSING AUTHORITY AND THE ADMINISTRATION FOR CHILDREN AND FAMILIES</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>CHRIS ADOPTION SERVICES CHRIS KIDS DEVELOPED A TRAUMA INFORMED FOSTER CARE ADOPTION MODEL WITH THE GOAL OF REDUCING FAILED ADOPTIONS FOR CHILDREN IN FOSTER CARE FOCUS IS PLACED ON THE ADOPTION OF HARD TO PLACE CHILDREN AND SIBLING GROUPS TRAUMA ASSESSMENTS AND COUNSELING FOR CHILDREN AS WELL AS THE ADOPTIVE PARENTS/FAMILIES IS INCLUDED DURING 2014, 44 INDIVIDUALS WERE SERVED WITH 23 COMPLETED HOME STUDIES, 14 CHILDREN PLACED IN ADOPTIVE HOMES AND SIX ADOPTION FINALIZATIONS THE GATEWAY HOME IS A SPECIAL COMPONENT OF CHRIS ADOPTION SERVICES THAT PROMOTES RE-UNITING SIBLINGS WHO ARE ELIGIBLE FOR ADOPTION AND FOR PROVIDING A TRANSITIONAL HOME IN THE COMMUNITY FOR CHILDREN IN THE FOSTER CARE SYSTEM WHO HAVE BEEN LIVING IN HOSPITALS OR RESIDENTIAL TREATMENT PROGRAMS RATHER THAN IN HOMES IN THE COMMUNITY KEEPING FAMILIES TOGETHER THROUGH THE KFT WRAPAROUND AND COMMUNITY SERVICES AN ARRAY OF IN-HOME AND CARE COORDINATION SERVICES ARE PROVIDED FOR CHILDREN, YOUTH AND FAMILIES IN THE COMMUNITY USE OF A NATIONALLY ACCLAIMED HIGH FIDELITY WRAPAROUND MODEL ENSURES THAT THE VOICE OF THE CLIENT GUIDES SERVICES AND THE DEVELOPMENT OF TWO PERSON TEAMS WORKING WITH EACH FAMILY INCREASES SUPPORT FAMILIES ARE HELPED TO NAVIGATE MULTIPLE SYSTEMS AND COMMUNITY SERVICES WHILE RECEIVING PREVENTION, REUNIFICATION AND/OR SUPPORT SERVICES AS NEEDED TO STRENGTHEN FAMILIES AND HELP THEM ACHIEVE THEIR GOALS SO THAT, IN THE FUTURE, FAMILIES AND THE INDIVIDUALS WITHIN THE FAMILIES HAVE THE SKILLS TO HELP THEMSELVES DURING 2014, 1,107 INDIVIDUALS WERE HELPED AND 87% OF FAMILIES WERE STRENGTHENED AVOIDING DISRUPTION OF THE FAMILY THROUGH HOSPITALIZATION, INCARCERATION OR THE OUT-OF-HOME PLACEMENT OF A CHILD SAFETY WAS ENSURED FOR 100% OF THE CHILDREN IN ALL FAMILIES SERVED THROUGH A JUVENILE JUSTICE INCENTIVE GRANT WITH THE GWINNETT JUVENILE COURT IN HOME SERVICES WERE PROVIDED TO YOUTH CLASSIFIED AS DESIGNATED FELONS AND THEIR FAMILIES BY TWO PERSON TEAMS COMPRISED OF A THERAPIST AND CASE MANAGER WITH THE GOAL OF PREVENTING RECIDIVISM SERVICES WERE PROVIDED TO 270 YOUTH AND FAMILY MEMBERS 82% OF YOUTH GRADUATED FROM THE PROGRAM WITH NO NEW JUVENILE CHARGES CHRIS TRAINING INSTITUTE THE CHRIS TRAINING INSTITUTE PROVIDED PROFESSIONAL, CLINICAL, CHILD WELFARE AND PREVENTION TRAINING TO 1,476 INDIVIDUALS DURING 2014 37% OF TRAININGS WERE TRAUMA SPECIFIC AND 25% WERE FOCUSED ON THE PREVENTION OF CHILD SEXUAL ABUSE DURING 2014, COURSE OFFERINGS INCREASED BY 40% AND THE BULLYING STOPS HERE AND TRAUMA STARS CURRICULUMS WERE DEVELOPED TRAINING PARTNERS INCLUDE THE UNITED WAY SUPPORTIVE SERVICES FOR VETERAN FAMILIES PROGRAM AND THE GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES TEEN DATING VIOLENCE TRAINING WAS ALSO PROVIDED TO AN ADDITIONAL 54 YOUTH AND 132 ADULTS AND WHO ARE NOT COUNTED IN THE NUMBER OF INDIVIDUALS WHO RECEIVED TRAINING THROUGH THE CHRIS TRAINING INSTITUTE PARTNERSHIPS CHRIS KIDS HAS 26 FORMAL PARTNERSHIP AGREEMENTS WITH OTHER NONPROFITS AND 12 LOCAL SCHOOLS TO PROVIDE A RANGE OF SERVICES INCLUDING COUNSELING SERVICES AND TRAINING IN ADDITION TO NUMEROUS COLLABORATIVE PARTNERS THROUGH WHOM SERVICE DELIVERY IS ENHANCED THESE PARTNERSHIPS EXPAND ACCESSIBILITY TO HIGH QUALITY TRAUMA INFORMED COUNSELING FOR THE CLIENTS OF THESE NONPROFITS AND COURT SYSTEMS INTEGRATED HEALTHCARE AND TELEHEALTH PARTNERSHIPS BENEFIT THE COMMUNITY AT LARGE</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	CHRIS KIDS PROVIDES A COPY OF THE FORM 990 TO THE AUDIT & FINANCE COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW, PRIOR TO FILING

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	CHRIS KIDS UTILIZED A 3RD PARTY STUDY AS WELL AS A COMPARATIVE STUDY WITH SIMILAR ORGANIZATIONS WITH COMPARABLE COMPLEXITY, SIZE AND SERVICES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	CHRIS KIDS UTILIZED A 3RD PARTY STUDY AS WELL AS A COMPARATIVE STUDY WITH SIMILAR ORGANIZATIONS WITH COMPARABLE COMPLEXITY, SIZE AND SERVICES

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 19	FINANCIAL STATEMENTS ARE LISTED ON THE ORGANIZATION'S WEBSITE, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RENTAL EXPENSES 22,666 RENTAL EXPENSES -22,666

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> CHRIS PROPERTIES LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 45-5219835	COUNSELING	GA	290,700	3,734,083	N/A
<b>(2)</b> CHRIS KIDS OPERATIONS LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0567666	HEAL KIDS	GA	11,075,825	1,778,645	N/A
<b>(3)</b> CHRIS PROPERTIES GRAHAM CIRCLE LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0909115	SUPP HOUS	GA	524,262	6,164,456	N/A
<b>(4)</b> CHRIS HOMES PROPERTIES LLC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316 46-0916288	HOMES	GA	350,083	1,003,388	N/A

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

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

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- 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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
  
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
  
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
  
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

**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

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

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII Supplemental Information**

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

**Return Reference****Explanation**

## TY 2014 GeneralDependencySmall

**Name:** CHRIS KIDS INC

**EIN:** 58-1430183

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction**

**Reference:**

**Regulations Reference:**

**Description:** WAIVE NOL CARRYBACK

**Attachment Information:** YEAR ENDING: DECEMBER 31, 2014 58-1430183 CHRIS KIDS, INC.  
1017 FAYETTEVILLE ROAD ATLANTA, GA 30316 NOL CARRYBACK  
ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS  
TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT  
TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED  
DURING THE CURRENT TAX YEAR.