

**Return of Organization Exempt from Income Tax**

**2002**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2002 calendar year, or tax year beginning** , 2002, and ending

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

Please use IRS label or print or type. See specific instructions.  
**KIDSAVE INTERNATIONAL**  
 2122 P STREET NW #302  
 WASHINGTON, DC 20037

**D Employer Identification Number**  
91-1887623

**E Telephone number**  
202-331-1110

**F Accounting method**  Cash  Accrual  
 Other (specify) ▶

**H and I are not applicable to section 527 organizations**  
**H (a)** Is this a group return for affiliates?  Yes  No  
**H (b)** If Yes enter number of affiliates ▶  
**H (c)** Are all affiliates included?  Yes  No (If No attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4 digit GEN ▶  
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**G Web site** ▶ www kidsave org

**J Organization type (check only one)**  501(c) 3 (Insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

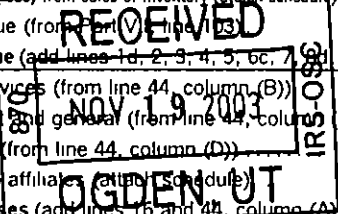
**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,528,742

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	1,412,313		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 1,412,313 noncash \$ )	<b>1d</b>		1,412,313	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		5,846	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c columns (A) and (B))	<b>8c</b>			
<b>9</b>	Special events and activities (attach schedule)	<b>9</b>			
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>	92,311		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	10,184		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		82,127	Statement 1
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	9,770		
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		9,770	Statement 2
<b>11</b>	Other revenue (from Part III line 103)	<b>11</b>		8,502	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 9c, 10c, and 11)	<b>12</b>		1,518,558	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		1,405,578	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		108,892	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		71,082	
<b>16</b>	Payments to affiliates (attach Schedule A)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		1,585,552	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-66,994	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		306,180	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		239,186	

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc.	25	154,080	154,080	
26	Other salaries and wages	26	109,384	82,792	11,194
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	60,565	45,842	6,198
30	Professional fundraising fees	30			
31	Accounting fees	31	8,352	4,611	3,741
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	51,685	49,872	1,520
35	Postage and shipping	35	28,610	18,172	2,661
36	Occupancy	36	47,202	29,529	17,009
37	Equipment rental and maintenance	37			
38	Printing and publications	38	62,589	52,632	1,772
39	Travel	39	298,083	294,058	2,990
40	Conferences, conventions, and meetings	40	5,522	4,963	359
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	1,112		1,112
43	Other expenses not covered above (itemize)				
a	See Statement 3	43a	758,368	669,027	60,336
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	1,585,552	1,405,578	108,892

Joint Costs Check  if you are following SOP 98.2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT 7  
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a	SEE ATTACHED STATEMENT 8	(Grants and allocations \$ _____)	1,405,578
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)		1,405,578

**Part IV Balance Sheets** (See Instructions)

Note		(A)		(B)			
Where required, attached schedules and amounts within the description column should be for end of year amounts only		Beginning of year		End of year			
ASSETS	45	Cash — non interest bearing		3,525	45	2,309	
	46	Savings and temporary cash investments		327,870	46	432,053	
	47a	Accounts receivable	47a	33,837			
		b Less allowance for doubtful accounts	47b		51,590	47c	33,837
	48a	Pledges receivable	48a				
		b Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes & loans receivable (attach sch)	51a				
		b Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments — securities (attach schedule)			54		
	55a	Investments — land, buildings, & equipment basis	55a	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 6,041			
		b Less accumulated depreciation (attach schedule) <b>Statement 4</b>	55b	1,407	3,196	55c	4,634
56	Investments — other (attach schedule)			56			
57a	Land, buildings and equipment basis	57a					
	b Less accumulated depreciation (attach schedule)	57b			57c		
58	Other assets (describe ▶ _____)			58			
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		386,181	59	472,833		
LIABILITIES	60	Accounts payable and accrued expenses		56,651	60	58,213	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax exempt bond liabilities (attach schedule)			64a		
		b Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe ▶ <b>See Statement 5</b> )		23,350	65	175,434	
66	<b>Total liabilities</b> (add lines 60 through 65)		80,001	66	233,647		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		13,403	67	-221	
	68	Temporarily restricted		292,777	68	239,407	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		306,180	73	239,186	
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		386,181	74	472,833	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,518,558
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	1,518,558
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	1,518,558

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,585,552
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	1,585,552
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,585,552

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE OF NON-COMPENSATED DIRECTORS STATEMENT 9	SEE ATTACHED	0	0	0
TERRY BAUGH 2122 P STREET, NW WASHINGTON, DC 20037	President MORE THAN 40	11,221	0	0
RANDI THOMPSON 11835 W OLYMPIC BLVD #295 LOS ANGELES, CA 90064	Exec Dir/CEO MORE THAN 40	70,000	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes,' attach schedule -- see instructions

**Part VI Other Information** (See instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If Yes, attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
80a	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
81b	b Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value?		X
82b	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, complete Part IX		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes, attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>SEE ATTACHED STATEMENT 10</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	6
91	The books are in care of <u>KIDSAVE INTERNATIONAL</u> Telephone number <u>202-331-1110</u> Located at <u>2122 P STREET NW STE 302 WASHINGTON DC</u> ZIP + 4 <u>20037</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	5,846	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			1	82,127	
<b>102</b> Gross profit or (loss) from sales of inventory			1	9,770	
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> <u>DEINSTITUTIONALIZATION</u>					8,502
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				97,743	8,502
<b>105</b> Total (add line 104, columns (B), (D), and (E))					106,245

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103b	SEE ATTACHED STATEMENT II

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please 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.

*[Signature]* Date 11/15/2003

*[Signature]* Executive Director

Date 1/1/04 Check  Preparer's SSN or PTIN (See Gen. Inst. W)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information -- (See separate instructions)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

**KIDSAVE INTERNATIONAL**

Employer identification number

**91-1887623**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter None )

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms) If there are none, enter None )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities (See instructions)

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying activities, property transactions, and grants. Includes handwritten 'STATEMENT 12' and 'See Form 990, Part V'.

Part IV Reason for Non-Private Foundation Status (See instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
5 [ ] A church, convention of churches, or association of churches
6 [ ] A school
7 [ ] A hospital or a cooperative hospital service organization
8 [ ] A Federal, state, or local government or governmental unit
9 [ ] A medical research organization operated in conjunction with a hospital
10 [ ] An organization operated for the benefit of a college or university
11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public
11b [ ] A community trust
12 [X] 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 charitable, etc. functions
13 [ ] An organization that is not controlled by any disqualified persons

Provide the following information about the supported organizations (See instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Contains empty rows for data entry.

- 14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10 11 or 12.) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,326,034	310,434	436,121	53,260	2,125,849
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,478	752	1,588	33	9,851
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 6.	8,965				8,965
<b>23</b> Total of lines 15 through 22	1,342,477	311,186	437,709	53,293	2,144,665
<b>24</b> Line 23 minus line 17	1,342,477	311,186	437,709	53,293	2,144,665
<b>25</b> Enter 1% of line 23	13,425	3,112	4,377	533	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 <b>N/A</b>				<b>26a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b>
c Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b>
d Add Amounts from column (e) for lines	18 _____	19 _____			<b>26d</b>
	22 _____	26b _____			<b>26d</b>
e Public support (line 26c minus line 26d total)					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____	456,000	131,931	219,000	45,000	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____	36,575	0	90,000	0	
c Add Amounts from column (e) for lines	15 _____	16 _____			<b>27c</b>
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____	851,931	126,575			<b>27d</b>
e Public support (line 27c total minus line 27d total)					<b>27e</b>
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27f</b> 2,144,665
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 53.50 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.46 %

**28 Unusual Grants** For an organization described in line 10, 11 or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part IV** Private School Questionnaire (See instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )		
-----			
-----			
-----			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )			
-----			
-----			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )			
-----			
-----			
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group Check  b if you checked 'a' and limited control provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term expenditures means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	0
<b>Caution</b> If there is an amount on either line 43 or line 44, you must file Form 4720			

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ->	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots non taxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI A) (See instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members legislators or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount
	X	
X		
	X	
	X	
	X	
	X	
X		36
	X	
		36

If 'Yes' to any of the above also attach a statement giving a detailed description of the lobbying activities

**STATEMENT 13**



Client 7184

KIDSAVE INTERNATIONAL

91-1887623

11/17/03

01 36PM

Statement 1  
Form 990, Part I, Line 9  
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
FUNDRAISING	92,311	0	92,311	10,184	82,127
Total	<u>\$ 92,311</u>	<u>\$ 0</u>	<u>\$ 92,311</u>	<u>\$ 10,184</u>	<u>\$ 82,127</u>

Statement 2  
Form 990, Part I, Line 10  
Gross Profit (Loss) From Sales Of Inventory

	\$ 9,770
Gross Sales	<u>\$ 9,770</u>
Less Returns & Allowances	<u>0</u>
Net Sales	<u>\$ 9,770</u>
Less Cost Of Goods Sold	<u>0</u>
Gross Profit From Sales Of Inventory	<u>\$ 9,770</u>

Statement 3  
Form 990, Part II, Line 43  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADOPTION ASSISTANCE	47,445	47,445		
ADVERTISING	1,274	759	115	400
AUDIO VISUAL	3,421	3,058		363
BANK CHARGES	12,008	10,559	618	831
CAMP FEES	12,500	12,500		
CONTRACT LABOR	369,962	332,858	23,647	13,457
DUES AND SUBSCRIPTIONS	3,187	1,881	689	617
EQUIPMENT AND SUPPLIES	2,893	289	2,604	
EVENTS	45,689	44,306	1,383	
FUNDRAISING COSTS	543	130		413
HUMANITARIAN AID	15,380	15,380		
INSURANCE	29,203	14,392	14,678	133
MISCELLANEOUS	1,416	1,165	125	126
OFFICE EXPENSE	22,149	18,703	1,542	1,904
PROGRAM COSTS	168,996	168,996		
TAXES AND LICENSES	66,303	44,689	12,809	8,805
TRANSLATION/INTERPRETATION	4,379	4,379		
WEBSITE AND INTERNET	24,479	20,397	2,126	1,956
Total	<u>\$ 831,227</u>	<u>\$ 741,886</u>	<u>\$ 60,336</u>	<u>\$ 29,005</u>

Client 7184

KIDSAVE INTERNATIONAL

91-1887623

11/17/03

01 36PM

Statement 4  
Form 990, Part IV, Line 55b  
Investments - Land, Buildings, and Equipment

Category	Basis	Accum Deprec	Book Value
Machinery and Equipment	\$ 6,041.	\$ 1,407	\$ 4,634
Total	<u>\$ 6,041</u>	<u>\$ 1,407</u>	<u>\$ 4,634</u>

Statement 5  
Form 990, Part IV, Line 65  
Other Liabilities

DEFERRED PAYMENTS

Total \$ 175,434  
\$ 175,434

Statement 6  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
MISCELLANEOUS	\$ 8,965	\$ 0	\$ 0	\$ 0	\$ 8,965
Total	<u>\$ 8,965</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 8,965</u>

**Kidsave International**

**EIN: 91-1887623**

**Year Ending December 31, 2002**

**Form 990, Part II - Primary Exempt Purpose**

Kidsave International is a 501(c)(3) organization dedicated to ending the harmful institutionalization of children, and creating strategies for permanency. Kidsave's goal is that, by the year 2025, efficient systems will be in place worldwide that will enable abandoned and orphaned children to either (1) have a connected mentoring relationship or (2) move into a permanent family.

Kidsave's primary objectives are to

- Increase the number of children living in permanent families, rather than in orphanages, foster care or other temporary living situations
- Enhance the ability of governments worldwide to increase and maintain the number of children living in permanent families
- Increase the number of children who have connected, long term relationships with at least one adult
- Increase and expand programs that reduce the flow of children into orphanages and foster care

Kidsave seeks to accomplish these objectives in three ways

- We put a face on a big problem -- the plight of children worldwide living in orphanages and foster care
- We test and promote successful models for change focused on one result -- moving children out of orphanages and foster care and into permanent families
- We work to encourage governments to change their policies that perpetuate the damage caused by lack of a nurturing parent

Kidsave's program services are described in the attached Statement of Program Service Accomplishments. For more information, please visit our website at [www.kidsave.org](http://www.kidsave.org)

Description

Amount

Summer Miracles

In 2002, a total of 159 older children (ages 5 to 15) from orphanages in Russia and Kazakhstan traveled to the United States to participate in Kidsave's Summer Miracles USA Program. During the 6-week Summer Miracles USA program, the children attended day camp and lived with "host families" in 17 U.S. host cities across the country. Kidsave coordinators in each host city scheduled weekend activities in which the host families, and other families interested in adoption, participated.

As a result of their participation in the Summer Miracles USA program, 88.5% of these children (who were available for adoption and interested in being adopted) found families who have either adopted them or are in the process of adopting them. The Program has a ripple effect. Sixteen (16) children were adopted through the Program even though they didn't visit the U.S. in 2002, either because (1) they were siblings of children who did travel to the U.S., or (2) Kidsave families came in contact with these children as a result of the Summer Miracles experience.

In 2002 Kidsave also created a partnership with the San Mauricio Center in Colombia to begin to bring children from Colombia for Summer Miracles USA 2003 program, and to lay the groundwork for moving Colombian children into Colombian families for summer visits in 2004 (i.e. Summer Miracles Colombia).

In 2002, Kidsave's "Summer Miracles/Smolensk" program enabled 89 Russian orphans to spend their summer vacation living with Russian families. Of the 89 children, eight were either adopted, reunified, or placed in formal foster care, one was placed in informal foster care, and 49 found families who agreed to be ongoing mentors. Kidsave also conducted interviews to learn what enabled or stopped families Russian families from adopting these children. Programs are being developed to address the most common barriers to adoption.

In 2002 Kidsave also conducted a "Winter Miracles" program, whereby Russian orphanage children spent the New Year holidays with their mentoring Russian families, and new families were encouraged to host children during the holidays. By the end of 2002, over 100 families applied to host a child during the winter holidays. As a result, 193 orphanage children in the Smolensk region were able to spend the holiday season with a local family. Of the 193 children, five were either adopted, reunified, or placed in formal foster care, one was placed in informal foster care, and 146 found families who agreed to be ongoing mentors.

**Total-Summer Miracles: \$834,270**

Description

Amount

Secure Futures

While Summer Miracles has helped many children find families in the U S , the number is insignificant when compared to the number of children in need Therefore, Kidsave also focuses on building the capability of governments to move children from state care into permanent relationships with families and/or mentors To this end, Kidsave has the Secure Futures Mentoring Centers

The Secure Futures Center ("Center") was opened in Smolensk in 2001 The Center offers programs to orphans age 5 to 23 Healthy Living and New Beginning curricula are taught to children ages 5 to 15 Youth ages 15 to 23 participate in an eight-month Independent Living curriculum

The Independent Living curriculum offers/teaches needed psychological skills to help the youth begin to believe in themselves, recognize their strengths, and focus on becoming responsible adults Staff psychologists also offer individual and group counseling Social workers, doctors and legal advocates are available to participants who may need more support than they receive through counseling and classes The youth are matched with mentors, Kidsave also seeks to indentify work internships for them

To date, the Center has been established in four Smolensk institutions/orphanages, with requests from several other regions for training and replication Through the Center, Kidsave is also developing an Internet Café that will provide much-needed job skills training to older orphans and will ultimately be operated by orphan graduates

**Total - Secure Futures: \$373,015**

Adoption Assistance

Kidsave's Adoption Assistance Fund was established to facilitate the adoption of orphaned children whose families could otherwise not afford to proceed with an adoption, but who have the resources to parent a child Donors who contribute to this Fund designate an orphan whom they would like to assist The funds are earmarked to assist that particular child, regardless who adopts that child If the child is not adopted, the funds are used to assist the child with the development of life skills, counseling and social skills needed to lead a productive life A total of 19 orphaned children were assisted in 2002 through Kidsave's Adoption Assistance Fund

**Adoption Assistance: \$58,222**

**Description**

**Amount**

**Sponsorship**

In 2002 six children (from orphanages in Smolensk, Russia and Karaganda, Kazakhstan) were sponsored through donations to Kidsave's Community Connections Program. Through this program, each child receives

A local family mentor who takes the child on monthly excursions. The child also visits the mentor's home on weekends, holidays, and in some cases summer vacations.

A social worker advocate. This caseworker visits the child each month, and advocates in the community for his/her adoption. The child is also provided with an annual psychological assessment.

An opportunity to be featured in a newsletter distributed throughout Smolensk or Karaganda about orphans in need of a family.

Special enrichment courses, including English, computers, healthy living classes, and life skills.

Tutoring, job training, legal assistance and help with housing for children who are nearing the age of emancipation (from the orphanage).

**Total - Sponsorship: \$8,499**

**Advocacy**

We met with Members of Congress, foundations, government agencies and other organizations to educate them about the need for permanent families for children and to encourage funding for programs that will move more children everywhere into permanency.

We organized a walk to advocate for families for all children. The Walk was held in August 2002 in various US cities and in Smolensk, Russia.

We worked in 30 communities in the US to recruit families to host orphans and to raise money to bring orphaned children from Eastern Europe to the U S to participate in the Summer Miracles USA program.

We conducted a census of the children in state care in the Smolensk Region. We examined systems for collecting information about orphaned and abandoned children and identifying the best measures for a worldwide census of orphans. We are now seeking funding for a worldwide census of children in orphanages and foster care.

**Total - Advocacy \$131,572**

**Total - Program Service Expenses \$1,405,578**

Kidsave International  
 EIN 91-1887623  
 Year Ending December 31, 2002  
 Form 990, Part V - List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans and deferred comp	(E) Expense account and other allowances
Renee Bianco Hollywood Wilshire YMCA, Hollywood, CA 90028	Director 0 hours/week	0	0	0
Ken A Crerar Council of Insurance Agents and Brokers Washington DC 20004	Co-Chairman 0 hours/week	0	0	0
Benny Cukier Group Travel Associates Simi Valley, CA 93065	Director 0 hour/week	0	0	0
Helena Hutton 3M Company Washington, DC 20005	Director 0 hours/week	0	0	0
Karen A Johnson Porter Novelli Washington DC 20006	Director 0 hours/week	0	0	0
Edward Maibach Porter Novelli Washington, DC 20006	Director 0 hours/week	0	0	0
Helen McKinnon Technical Connections Los Angeles CA 90064	Director 0 hours/week	0	0	0

Kidsave International  
EIN 91-1887623

Year Ending December 31, 2002

Form 990, Part V - List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans and deferred comp	(E) Expense account and other allowances
Gerald Porter CRESA Partners Los Angeles. CA 90049	Director 0 hours/week	0	0	0
Peter A. Schwartz Los Angeles, CA 90067	Co-Chairman 0 hours/week	0	0	0
Leonard S Simon Simon and Company Washington. DC 20036	Director 0 hours/week	0	0	0
Robert Woodruff ABC News New York. NY 10023	Director 0 hours/week	0	0	0
Patricia Van Scoyoc Weichert Realty Great Falls. VA 22066	Director 0 hours/week	0	0	0
<b>TOTALS.</b>		<b>0</b>	<b>0</b>	<b>0</b>

**Kidsave International**

**EIN: 91-1887623**

**Year Ending December 31, 2002**

**Form 990, Part VI - States With Which a Copy of Form 990 is Filed**

California, District of Columbia, Georgia, Illinois, Maryland, Massachusetts, Michigan,  
Missouri, Montana, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Texas

**STATEMENT 10**

**Kidsave International**

**EIN: 91-1887623**

**Year Ending December 31, 2002**

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes**

**Line No Relationship of Activity**

103 b Deinstitutionalization donations assist orphanages with the development of mentoring programs for children who are not adopted, and with the development of life skills training programs to assist these orphanage children in developing life skills they'll need to succeed as adults. This type of assistance supports one of Kidsave's major objectives - i e , to increase the number of children who have connected, long term relationships with at least one adult. Institutional living (i e , orphanage life) is damaging to children. Studies of orphanage children show devastating results: psychological problems, difficulty creating permanent attachments, and physical delays. Research shows that a stable family life or an adult who has taken an interest, reached out, and created a bond of affection are key factors in preventing youth violence, creating positive social orientation and helping kids to develop skills they need to succeed as adults.

**Kidsave International**  
**EIN: 91-1887623**  
**Year Ending December 31, 2002**  
**Schedule A, Part III - Statements About Activities**

**102 a.** Kidsave International leases office space and equipment from two of its honorary board members on a month-to-month basis. There are no formal lease agreements. Total rent paid under these leases during 2002 was \$39,039.

**STATEMENT 12**

**Kidsave International**

**EIN: 91-1887623**

**Year Ending December 31, 2002**

**Schedule A, Part VI-B - Lobbying Activity by Nonelecting Public Charities**

**b. Paid staff or management**

**g. Direct contact with legislators, their staffs, government officials or a legislative body**

\$36 in public transportation and taxi fare was spent by a key employee, Terry Baugh, who had direct contact with legislators

Form 8868 (12-2000)

Page 2

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form header section with fields: Type or print, Name of Exempt Organization (KIDSAVE INTERNATIONAL), Employer identification number (91-1887623), Number, street, and room or suite number (2122 P STREET NW #302), City, town or post office, state, and ZIP code (WASHINGTON, DC 20037).

Check type of return to be filed (file a separate application for each return)

Form with checkboxes for return types: Form 990 (checked), Form 990 EZ, Form 990 T (Section 401(a) or 408(a) trust), Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990 T (trust other than above), Form 4720, Form 6069.

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3 month extension of time until 11/15, 2003. 5 For calendar year 2002, or other tax year beginning 20 and ending 20. 6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. 7 State in detail why you need the extension: TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990 PF, 990 T, 4720 or 6069 enter any refundable credits and estimated tax payments made. 8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and that I am authorized to prepare this form. Signature: [Handwritten Signature] Title: [Handwritten Title] Date: 8/15/2003

Notice to Applicant - To be Completed by the IRS

We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request to file. We are not granting a 10 day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension is requested.

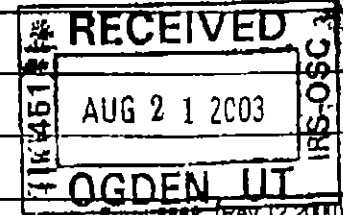
EXTENSION APPROVED

SEP 03 2003

LINDA WEISKOPF, FIELD DIRECTOR SUBMISSION PROCESSING, OGDEN

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above.

Form with fields: Name, Number and street (include suite, room or apartment number) or a P.O. box number, City or town, province or state, and country (including postal or ZIP code).



Form **8868**  
(December 2000)

### Application for Extension of Time to File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury  
Internal Revenue Service

File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note:** Do not complete **Part II** unless you have already been granted an automatic 3 month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note:** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	KIDSAVE INTERNATIONAL	91-1887623
	Number, street, and room or suite number if a P O box, see instructions	
	2122 P STREET NW #302	
	City, town or post office For a foreign address see instructions	state ZIP code
	WASHINGTON, DC 20037	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ         | <input type="checkbox"/> Form 990 T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month for 990-T corporation) extension of time until 8/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 02 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0

**Signature and Verification**

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 and that I am authorized to prepare this form

Signature [Signature] Title CFO taxayer request Date 07/9/2003

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12 2000)