

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

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

C Name of organization: KIDSAVE INTERNATIONAL. Address: 5165 MACARTHUR BLVD, NW WASHINGTON, DC 20016

D Employer identification number: 91-1887623. E Telephone number: (202) 237-7283. F Accounting method: Accrual

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.KIDSAVE.ORG

J Organization type (check only one): X 501(c)(3) (insert no) 4947(a)(1) or 527

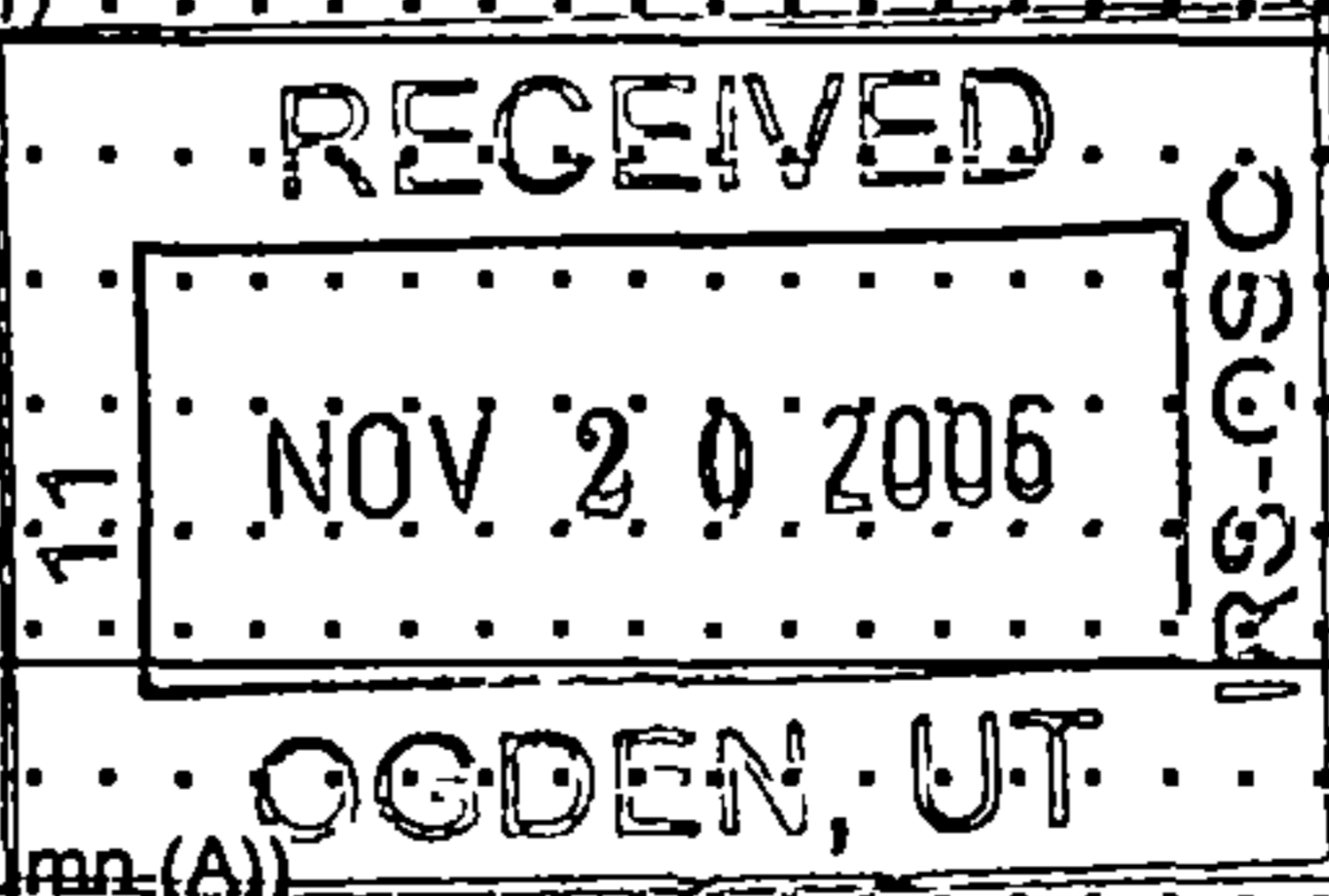
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,863,913.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less rental expenses, c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory, b Less cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances, b Less cost of goods sold, c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED DEC 07 2006



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

**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 (See the instructions)

| 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 (attach schedule)<br>(cash \$ <u>118,180.</u> noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/> | 118,180.   | 118,180.             |                            |                 |
| 23   | Specific assistance to individuals (attach schedule)  |            |                      |                            |                 |
| 24   | Benefits paid to or for members (attach schedule)   |            |                      |                            |                 |
| 25   | Compensation of officers, directors, etc.   | 356,337.   | 248,779.             | 89,879.                    | 17,679.         |
| 26   | Other salaries and wages  | 569,180.   | 352,146.             | 205,408.                   | 11,626.         |
| 27   | Pension plan contributions  | NONE       |                      |                            |                 |
| 28   | Other employee benefits   | 54,321.    | 54,321.              |                            |                 |
| 29   | Payroll taxes   | 78,043.    | 14,237.              | 63,550.                    | 256.            |
| 30   | Professional fundraising fees   |            |                      |                            |                 |
| 31   | Accounting fees   |            |                      |                            |                 |
| 32   | Legal fees  |            |                      |                            |                 |
| 33   | Supplies  | 52,645.    | 17,488.              | 33,733.                    | 1,424.          |
| 34   | Telephone   | 42,885.    | 11,196.              | 31,689.                    |                 |
| 35   | Postage and shipping  | 39,701.    | 9,295.               | 28,948.                    | 1,458.          |
| 36   | Occupancy   | 132,174.   | 30,401.              | 101,773.                   |                 |
| 37   | Equipment rental and maintenance  | 45,571.    | 7,113.               | 38,248.                    | 210.            |
| 38   | Printing and publications   | 42,005.    | 21,677.              | 19,347.                    | 981.            |
| 39   | Travel  | 379,041.   | 322,265.             | 56,776.                    |                 |
| 40   | Conferences, conventions, and meetings  | 14,199.    | 11,472.              | 2,603.                     | 124.            |
| 41   | Interest  |            |                      |                            |                 |
| 42   | Depreciation, depletion, etc (attach schedule)  | 1,646.     |                      | 1,646.                     |                 |
| 43   | Other expenses not covered above (itemize)  |            |                      |                            |                 |
| a  | STMT 4  | 258,034.   | 269,948.             | -13,002.                   | 1,088.          |
| b  |   |            |                      |                            |                 |
| c  |   |            |                      |                            |                 |
| d  |   |            |                      |                            |                 |
| e  |   |            |                      |                            |                 |
| f  |   |            |                      |                            |                 |
| g  |   |            |                      |                            |                 |
| 44   | <b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).                              | 2,183,962. | 1,488,518.           | 660,598.                   | 34,846.         |

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 \$ 8,150. (ii) the amount allocated to Program services \$ 4,398.  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ 3,752.



**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

|  |   | (A)<br>Beginning of year |          | (B)<br>End of year |         |
|--|---|--------------------------|----------|--------------------|---------|
| <b>Assets</b>  | 45 Cash - non-interest-bearing . . . . .  |                          | 45       |                    |         |
|  | 46 Savings and temporary cash investments . . . . .   | 855,515.                 | 46       | 185,545.           |         |
|  | 47a Accounts receivable . . . . .   | 47a NONE                 |          |                    |         |
|  | b Less allowance for doubtful accounts . . . . .  | 47b 17,043.              | 47c      | NONE               |         |
|  | 48a Pledges receivable . . . . .  | 48a                      |          |                    |         |
|  | b Less allowance for doubtful accounts . . . . .  | 48b                      | 48c      |                    |         |
|  | 49 Grants receivable . . . . .  |                          | 49       | 138,463.           |         |
|  | 50 Receivables from officers, directors, trustees, and key employees<br>(attach schedule) . . . . .   |                          | 50       |                    |         |
|  | 51a Other notes and loans receivable (attach<br>schedule) . . . . .   | 51a                      |          |                    |         |
|  | b Less allowance for doubtful accounts . . . . .  | 51b                      | 51c      |                    |         |
|  | 52 Inventories for sale or use . . . . .  |                          | 52       |                    |         |
|  | 53 Prepaid expenses and deferred charges . . . . .  |                          | 53       | 7,155.             |         |
|  | 54 Investments - securities (attach schedule) STMT 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV                 |                          | 7,059.   | 54                 | NONE    |
|  | 55a Investments - land, buildings, and<br>equipment: basis . . . . .  | 55a                      |          |                    |         |
|  | b Less accumulated depreciation (attach<br>schedule) . . . . .  | 55b                      |          | 55c                |         |
|  | 56 Investments - other (attach schedule) . . . . .  |                          |          | 56                 |         |
|  | 57a Land, buildings, and equipment basis . . . . .  | 57a 8,551.               |          |                    |         |
|  | b Less accumulated depreciation (attach<br>schedule) . . . . .  | 57b 5,278.               | 2,409.   | 57c                | 3,273.  |
|  | 58 Other assets (describe <input type="checkbox"/> )  |                          |          | 58                 |         |
| 59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .  |   | 882,026.                 | 59       | 334,436.           |         |
| <b>Liabilities</b>   | 60 Accounts payable and accrued expenses . . . . .  | 68,720.                  | 60       | 60,451.            |         |
|  | 61 Grants payable . . . . .   |                          | 61       |                    |         |
|  | 62 Deferred revenue . . . . .   |                          | 62       |                    |         |
|  | 63 Loans from officers, directors, trustees, and key employees (attach<br>schedule) . . . . .   |                          | 63       |                    |         |
|  | 64a Tax-exempt bond liabilities (attach schedule) . . . . .   |                          | 64a      |                    |         |
|  | b Mortgages and other notes payable (attach schedule) . . . . .   |                          | 64b      |                    |         |
|  | 65 Other liabilities (describe <input type="checkbox"/> STMT 8 )  |                          | 126,018. | 65                 | 94,416. |
| 66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .   |   | 194,738.                 | 66       | 154,867.           |         |
| <b>Net Assets or Fund Balances</b>   | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines<br>67 through 69 and lines 73 and 74. |                          |          |                    |         |
|  | 67 Unrestricted . . . . .   | 97,298.                  | 67       | 179,569.           |         |
|  | 68 Temporarily restricted . . . . .   | 589,990.                 | 68       |                    |         |
|  | 69 Permanently restricted . . . . .   |                          | 69       |                    |         |
|  | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and<br>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<br>70 through 72,<br>column (A) must equal line 19, column (B) must equal line 21) . . . . . |   | 687,288.                 | 73       | 179,569.           |         |
| 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .  |   | 882,026.                 | 74       | 334,436.           |         |



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 21

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .

75b Yes No X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations

75c Yes No X

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy? . . . . .

75d Yes No X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row shows dashes in all columns.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

76 Yes No 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.

77 Yes No X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .

78a Yes No X

b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

78b Yes No N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .

79 Yes No 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? . . . . .

80a Yes No X

b If "Yes," enter the name of the organization . . . . . and check whether it is [ ] exempt or [ ] nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions). . . . . 81a

b Did the organization file Form 1120-POL for this year? . . . . .

81b Yes No X

Part VI Other Information (continued)

82 a 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? 82a X
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
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
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? 85h N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A
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 88 X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs 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 89b X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A
90 a List the states with which a copy of this return is filed CA, CT, DC, GA, MD, MA, MI, MT, NH, NJ, NY, OH, TX, VA,
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions ) 90b 12
91 a The books are in care of THE ORGANIZATION Telephone no 202-237-7283
Located at 5165 MACARTHUR BLVD, NW, WASHINGTON, DC, ZIP +4 20016
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
|   | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| 93 Program service revenue                                      |                           |               |                                      |               |  |
| a _____   |                           |               |                                      |               |  |
| b _____   |                           |               |                                      |               |  |
| c _____   |                           |               |                                      |               |  |
| d _____   |                           |               |                                      |               |  |
| e _____   |                           |               |                                      |               |  |
| f Medicare/Medicaid payments . . . . .                          |                           |               |                                      |               |  |
| g Fees and contracts from government agencies . . . . .         |                           |               |                                      |               |  |
| 94 Membership dues and assessments . . . . .                    |                           |               |                                      |               |  |
| 95 Interest on savings and temporary cash investments . . . . . |                           |               | 14                                   | 5,887.        |  |
| 96 Dividends and interest from securities . . . . .             |                           |               |                                      |               |  |
| 97 Net rental income or (loss) from real estate                 |                           |               |                                      |               |  |
| a debt-financed property . . . . .                              |                           |               |                                      |               |  |
| b not debt-financed property . . . . .                          |                           |               |                                      |               |  |
| 98 Net rental income or (loss) from personal property . . . . . |                           |               |                                      |               |  |
| 99 Other investment income . . . . .                            |                           |               |                                      |               |  |
| 100 Gain or (loss) from sales of assets other than inventory    |                           |               |                                      |               |  |
| 101 Net income or (loss) from special events . . . . .          |                           |               |                                      |               | -99,948.                                       |
| 102 Gross profit or (loss) from sales of inventory . . . . .    |                           |               |                                      |               | 4,057.   |
| 103 Other revenue a _____                                       |                           |               |                                      |               |  |
| b MISCELLANEOUS   |                           |               | 01                                   | 347.          |  |
| c _____   |                           |               |                                      |               |  |
| d _____   |                           |               |                                      |               |  |
| e _____   |                           |               |                                      |               |  |
| 104 Subtotal (add columns (B), (D), and (E)) . . . . .          |                           |               |                                      | 6,234.        | -95,891.                                       |
| 105 Total (add line 104, columns (B), (D), and (E)) . . . . .   |                           |               |                                      |               | -89,657.                                       |

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 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) |
|----------|--|
| ▼        | STMT 13  |
|          |  |
|          |  |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

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.

**Please Sign Here**

Signature of officer: *[Handwritten Signature]* Date: 11/15/06

Type or print name and title: S. Elizabeth McMaster Treasurer

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**Paid Preparer's Use Only**

Preparer's signature: *[Handwritten Signature]* Date: 11/14/2006 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W): P00310424

Firm's name (or yours if self-employed), address, and ZIP + 4: MCMaster & Associates, PC  
1776 MASSACHUSETTS AVE, NW, STE 201  
WASHINGTON, DC 20036

EIN: 05-0562522 Phone no: 202-223-5001

**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 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

**2005**

Name of the organization

Employer identification number

KIDSAVE INTERNATIONAL

91-1887623

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the 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 & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |

Total number of other employees paid over \$50,000 . . ▶ NONE

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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 . . . . . ▶ NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2005

| <b>Part III Statements About Activities (See page 2 of the instructions.)</b> |   | Yes | No |
|---|---|-----|----|
| 1   | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>5,167.</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) . . . . .   | X   |    |
|   | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities  |     |    |
| 2   | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) |     |    |
| a   | Sale, exchange, or leasing of property? . . . . .   |     | X  |
| b   | Lending of money or other extension of credit? . . . . .  |     | X  |
| c   | Furnishing of goods, services, or facilities? . . . . .   |     | X  |
| d   | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT 14   | X   |    |
| e   | Transfer of any part of its income or assets? . . . . .   |     | X  |
| 3a  | Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .  |     | X  |
| b   | Do you have a section 403(b) annuity plan for your employees? . . . . .   |     | X  |
| c   | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .  |     | X  |
| 4a  | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .   |     | X  |
| b   | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .   |     | X  |

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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 Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(v) (Also complete the Support Schedule in Part IV-A)
- 12  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 - 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) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the 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) 2004        | (b) 2003   | (c) 2002   | (d) 2001   | (e) Total             |
|---|-----------------|------------|------------|------------|-----------------------|
| <b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28) . . . . .   | 2,037,481.      | 1,677,707. | 1,412,313. | 1,326,034. | 6,453,535.            |
| <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 . . . . .   | 3,168.          |            |            |            | 3,168.                |
| <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 . . . . .  | 3,260.          | 5,202.     | 5,846.     | 7,478.     | 21,786.               |
| <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  | STMT 15<br>NONE | 10,972.    | 8,502.     | 8,965.     | 28,439.               |
| <b>23</b> Total of lines 15 through 22 . . . . .  | 2,043,909.      | 1,693,881. | 1,426,661. | 1,342,477. | 6,506,928.            |
| <b>24</b> Line 23 minus line 17. . . . .  | 2,040,741.      | 1,693,881. | 1,426,661. | 1,342,477. | 6,503,760.            |
| <b>25</b> Enter 1% of line 23. . . . .  | 20,439.         | 16,939.    | 14,267.    | 13,425.    |                       |
| <b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 <b>NQT APPLICABLE</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 2001 through 2004 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 _____<br>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</b> Organizations described on line 12: 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   |                 |            |            |            |                       |
| (2004) _____ (2003) _____ (2002) _____ (2001) _____   |                 |            |            |            |                       |
| 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 |                 |            |            |            |                       |
| (2004) _____ (2003) _____ (2002) _____ (2001) _____   |                 |            |            |            |                       |
| c Add Amounts from column (e) for lines 15 _____ 16 _____<br>17 _____ 20 _____ 21 _____ ▶   |                 |            |            |            | <b>27c</b> 6,456,703. |
| d Add Line 27a total . . . _____ 2,558,391. and line 27b total . . . _____ ▶  |                 |            |            |            | <b>27d</b> 2,558,391. |
| e Public support (line 27c total minus line 27d total). . . . . ▶   |                 |            |            |            | <b>27e</b> 3,898,312. |
| f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . . . . ▶  |                 |            |            |            | <b>27f</b> 6,506,928. |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶  |                 |            |            |            | <b>27g</b> 59.9102 %  |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶  |                 |            |            |            | <b>27h</b> 0.3348 %   |
| <b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 V Private School Questionnaire (See page 7 of the instructions.)**

NOT APPLICABLE

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|   | Yes        | No |
|---|------------|----|
| <b>29</b> 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? . . . . .   | <b>29</b>  |    |
| <b>30</b> 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? . . . . .  | <b>30</b>  |    |
| <b>31</b> 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? . . . . .<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement ) | <b>31</b>  |    |
| -----   |            |    |
| -----   |            |    |
| <b>32</b> Does the organization maintain the following.   |            |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .  | <b>32a</b> |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .  | <b>32b</b> |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .  | <b>32c</b> |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .   | <b>32d</b> |    |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )  |            |    |
| -----   |            |    |
| -----   |            |    |
| <b>33</b> Does the organization discriminate by race in any way with respect to   |            |    |
| <b>a</b> Students' rights or privileges? . . . . .  | <b>33a</b> |    |
| <b>b</b> Admissions policies? . . . . .   | <b>33b</b> |    |
| <b>c</b> Employment of faculty or administrative staff? . . . . .   | <b>33c</b> |    |
| <b>d</b> Scholarships or other financial assistance? . . . . .  | <b>33d</b> |    |
| <b>e</b> Educational policies? . . . . .  | <b>33e</b> |    |
| <b>f</b> Use of facilities? . . . . .   | <b>33f</b> |    |
| <b>g</b> Athletic programs? . . . . .   | <b>33g</b> |    |
| <b>h</b> Other extracurricular activities? . . . . .  | <b>33h</b> |    |
| If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  |            |    |
| -----   |            |    |
| -----   |            |    |
| <b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .   | <b>34a</b> |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .   | <b>34b</b> |    |
| If you answered "Yes" to either 34a or b, please explain using an attached statement  |            |    |
| <b>35</b> 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 . . . . .   | <b>35</b>  |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the 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**

(The term "expenditures" means amounts paid or incurred.)

|  |             | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for ALL electing<br>organizations |
|--|-------------|-----------------------------------|---|
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .  | <b>36</b>   |                                   |   |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  | <b>37</b>   |                                   | 5,167.  |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .  | <b>38</b>   |                                   | 5,167.  |
| <b>39</b> Other exempt purpose expenditures . . . . .  | <b>39</b>   |                                   | 2,178,795.  |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .  | <b>40</b>   |                                   | 2,183,962.  |
| <b>41</b> Lobbying nontaxable amount Enter the amount from the following table -<br>If the amount on line 40 is -      The lobbying nontaxable amount is - |             |                                   |   |
| Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .  | } <b>41</b> |                                   | 259,198.  |
| 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>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .  | <b>42</b>   |                                   | 64,800.   |
| <b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .  | <b>43</b>   |                                   |   |
| <b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .  | <b>44</b>   |                                   |   |

Caution: 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 on page 11 of the instructions )

| Calendar year (or fiscal year beginning in) ▶                      | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2005  | (b)<br>2004 | (c)<br>2003 | (d)<br>2002 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount . . . . .                     | 259,198.   | 255,626.    |             |             | 514,824.     |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .   |  |             |             |             | 772,236.     |
| <b>47</b> Total lobbying expenditures . . . . .                    | 5,167.   | 814.        |             |             | 5,981.       |
| <b>48</b> Grassroots nontaxable amount . . . . .                   | 64,800.  | 63,907.     |             |             | 128,707.     |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . . |  |             |             |             | 193,061.     |
| <b>50</b> Grassroots lobbying expenditures . . . . .               |  | NONE        |             |             | NONE         |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the 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 | Yes | No | Amount |
|--|-----|----|--------|
| 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) . . . . .  |     |    |        |

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



FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION  
-----

AMOUNT  
-----

|                             |          |
|-----------------------------|----------|
| LOS ANGELES GALA            | 44,733.  |
| LOS ANGELES GOLF TOURNAMENT | 90,948.  |
| MOSCOW GALA                 | 109,762. |
| DISTRICT OF COLUMBIA GOLF   | 7,096.   |
| DISTRICT OF COLUMBIA LEADER | 22,550.  |
|                             | -----    |
| TOTAL                       | 275,089. |
|                             | =====    |

## FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

| DESCRIPTION                 | GROSS<br>REVENUE | DIRECT<br>EXPENSES | NET<br>INCOME |
|-----------------------------|------------------|--------------------|---------------|
| LOS ANGELES GALA            | 14,260.          | 30,515.            | -16,255.      |
| LOS ANGELES GOLF TOURNAMENT | 28,997.          | 62,044.            | -33,047.      |
| MOSCOW GALA                 | 35,000.          | 74,880.            | -39,880.      |
| DISTRICT OF COLUMBIA GOLF   | 2,265.           | 4,842.             | -2,577.       |
| DISTRICT OF COLUMBIA LEADER | 7,200.           | 15,389.            | -8,189.       |
| TOTALS                      | 87,722.          | 187,670.           | -99,948.      |

KIDSAVE INTERNATIONAL

91-1887623

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES  
=====

DESCRIPTION  
-----

AMOUNT  
-----

MERCHANDISE SALES

4,057.  
-----

TOTAL

4,057.  
=====

KIDSAVE INTERNATIONAL  
 FORM 990 - DECEMBER 31, 2005  
 EIN: 91-1887623  
 PAGE 2, PART II - EXPENSES: LINE 22 - GRANTS AND ALLOCATIONS

| NAME   | PURPOSE OF GRANT   | AMOUNT            |
|--|--|-------------------|
| Bereginya -- Smolensk, Russia                  | Programs for older orphans   | \$ 10,204         |
| Family Stipends -- Yuzhno-Sakhalinsk           | Programs for mentoring & family visits                                     | 1,072             |
| Radi Budusheva Grant -- St. Petersburg, Russia | Programs for tutoring and life skills programs for older orphans           | 41,546            |
| Right of the Child -- Moscow, Russia           | Programs for child advocacy groups   | 37,500            |
| St. Petersburg Secure Futures Center -- Russia | Programs for life skills, tutoring, & mentoring programs for older orphans | 27,858            |
| Total grants paid                              |  | <u>\$ 118,180</u> |

## FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION                | TOTAL     | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|----------------------------|-----------|------------------|------------------------|-------------|
| ADOPTION ASSISTANCE        | 1,883.    | 1,883.           |                        |             |
| DATABASE SUPPORT           | 9,970.    | 672.             | 9,298.                 |             |
| BAD DEBT EXPENSE           | 5,264.    | 4,573.           | 691.                   | 495.        |
| ADVERTISING                | 2,291.    | 1,390.           | 406.                   | 25.         |
| BANK CHARGES               | 17,867.   | 8,223.           | 9,619.                 |             |
| CONTRACTORS                | 131,298.  | 99,683.          | 31,615.                |             |
| LICENSES, TAXES AND FEES   | 12,782.   | 6,419.           | 6,040.                 | 323.        |
| DUES AND SUBSCRIPTIONS     | 2,967.    | 2,567.           | 320.                   | 80.         |
| FUNDRAISING COSTS          | 187,670.  |                  |                        | 187,670.    |
| INSURANCE                  | 25,639.   | 13,141.          | 12,498.                |             |
| PROFESSIONAL FEES          | 13,634.   | 5,700.           | 7,934.                 |             |
| OFFICE EXPENSE             | 1,557.    | 161.             | 1,396.                 |             |
| TRANSLATION/INTERPRETATION | 3,726.    | 3,430.           | 296.                   |             |
| TRAINING AND RECRUITMENT   | 1,865.    | 622.             | 1,243.                 |             |
| PROFESSIONAL DEVELOPMENT   | 1,108.    | 238.             | 870.                   |             |
| DIRECT FUNDRAISING ALLOC.  | -187,670. |                  |                        | -187,670.   |
| PROGRAM EXPENSES           | 26,183.   | 23,543.          | 2,475.                 | 165.        |
| OVERHEAD ALLOCATION        |           | 97,703.          | -97,703.               |             |
| TOTALS                     | 258,034.  | 269,948.         | -13,002.               | 1,088.      |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

KIDSAVE INTERNATIONAL'S MISSION IS TO END THE HARMFUL INSTITUTIONALIZATION OF CHILDREN. THE ORGANIZATION WORKS TO: TEST AND PROMOTE SUCCESSFUL MODELS FOR CHANGE FOCUSED ON ONE RESULT, MOVING CHILDREN OUT OF ORPHANAGES AND FOSTER CARE INTO PERMANENT FAMILIES; AND ENCOURAGE GOVERNMENTS TO CHANGE THEIR POLICIES THAT PERPETUATE THE DAMAGE CAUSED BY THE LACK OF A NURTURING PARENT.

KIDSAVE'S FOCUS IS TO CREATE A MODEL PROGRAM THAT IS BUILT ON AN EXISTING BASE, THAT CAN BE USED IN A VARIETY OF CULTURES, AND THAT WILL GIVE OLDER CHILDREN WITHOUT PARENTS A STABLE FAMILY LIFE OR AT LEAST ONE ADULT WHO TAKES AN INTEREST, REACHES OUT, AND HAS A BOND OF AFFECTION FOR THAT CHILD.

**Kidsave International**

**EIN 91-1887623**

**December 31, 2005**

**Form 990; Part III - Statement of Program Service Accomplishments**

Kidsave exists because millions of children are growing up all around the world without parents, love and hope. Kidsave's Family Visit and Mentoring program is designed to change that. Following are descriptions of Kidsave's 2005 program efforts.

**Summer Miracles Program:** Kidsave International's Summer Miracles Program brings orphaned children from foreign orphanages to the USA for summer visits. These are older children who have no chance of finding parents in their own countries and are between the ages of 5 and 15. In 2005 children from Russia, Kazakhstan, and Colombia visited families in the USA for a six-week summer visit. Kidsave worked to find permanent families for all the children. In 2005, 163 children visited and as of December 2005, 89% of those who visited had families pursuing adoption. Kidsave continues to work year-round to find families for the children who did not find families. In 2005 Summer Miracles communities included Montana, Michigan, Massachusetts, New Hampshire, New York, New Jersey, Connecticut, Maryland, Virginia, Maryland, District of Columbia, Georgia, Tennessee, Texas, Ohio, Utah, and California.

**Adoption Assistance and Sponsorship:** Kidsave's Adoption Assistance Fund facilitates 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 designate an orphan whom they would like to assist and are earmarked to assist the particular child regardless of who adopts the child. If the child is not adopted, the funds are utilized to assist the child with development of life skills, counseling and social skills needed to lead a productive life. In 2005 we had 32 children with Adoption Assistance and Sponsorship funds.

**Kidsave Weekend Miracles Program – Fairfax County, Virginia, Los Angeles County, California, Washington, DC, Central Virginia.**

Weekend Miracles is designed to serve older waiting children in the US foster system between the ages 6 to 21. Many of these children are children of color. Designed for public and private child-placing agencies, Weekend Miracles offers new ways for people to help children in foster care. Families and individuals can:

- host** a child for weekends over a three-month period and be that child's partner in finding a family,
- advocate** for a specific child through their circles of friends, to help that child find an adoptive family, and
- mentor** a child in foster care, and be a friend. Mentors have fun and provide the children with educational, enriching experiences.

In 2005 with our partners, the Fairfax County Department of Family Services and the Los Angeles Department of Child and Family Services, Kidsave completed refining the county's protocols for the program. Work also began with the DC Child and Family Services Agency.

**Kidsave International**

**EIN 91-1887623**

**December 31, 2005**

**Form 990; Part III - Statement of Program Service Accomplishments**

Kidsave worked with Fairfax social workers and supported the County's Weekend Miracles team while supporting five children in hosting for weekend visits. We also supported Fairfax County staff in training staff about the program, and Kidsave staff members worked with the Fairfax social workers to manage Weekend Miracles. In addition to collaborating on the program protocol team, Kidsave recruited host families and mentors and managed recruitment events in conjunction with community organizations. A total of 5 children were hosted in 2005. By year end, one had moved into a foster-adopt situation with the host family and another family was preparing to foster their host child with the goal of adoption. A third child received a Kidsave mentor who remained connected to that child at the end of the year. The Northern Virginia Urban League, Fairfax County NAACP, Mt. Cavalry Baptist Church, Resurrection Baptist Church, Greater Little Zion Baptist Church and the Connection Newsletters.

**Kidsave Los Angeles Weekend Miracles:** In 2005 the Los Angeles County Department of Child and Family Services began a partnership with Kidsave to launch Weekend Miracles. Kidsave and LA County staff refined the protocols and ran the first event, a Halloween Party, which was a major success. At the end of 2005 three foster families decided to move ahead and adopt after working with the Kidsave case mining social worker. A staff member from a group home decided to adopt also because of case mining and two children returned to biological family members after help from the Kidsave social worker.

**Kidsave DC Weekend Miracles:** Kidsave also built a partnership with the DC Child and Family Services Agency to manage Weekend Miracles in 2005. This relationship began in the fourth quarter and work during that time focused on refining the Weekend Miracles protocol.

Kidsave staff also developed a partnership with Coordinators 2, a child-placing agency in Richmond, Virginia. Kidsave staff provided the hosting protocol and trained Coordinators 2 staff in the basics of the Family Visit Model.

**Russian Miracles**

In 2005, 281 children overall participated in Russian Miracles in the Smolensk and St Petersburg regions. The results demonstrate that for many children, family reunification, guardian and foster families, and rebuilding relationships with relatives are possible. Overall, during 2005, 4 children have been adopted (3 internationally), 19 - have been reunited with birth parents, 24 - have been placed in guardian/foster families, 6 - in patronat families, and about 50 children have rebuilt relationships with their kin/relatives.

For many others who remain living day-to-day in orphanages, a connected, stable relationship with at least one caring adult is an exciting new reality. Children in Russian Miracles experience visits with families on the

**Kidsave International**

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weekends, holidays and school breaks. After an initial experience, some families turn to long-term mentoring of children or move them out of the orphanage and into their homes. A mass media public education program was pilot-tested during 2005 in Smolensk, which resulted in increased awareness of children needing families in the region and increased interest in hosting, mentoring and fostering children. In fall 2005, new Family Visit programs were been launched in Moscow and Yuzhno-Sakhalinsk, in the Russia Far East. In October 2005, Kidsave received small grant from international foundation United Way for introducing Family Visit Model in several Moscow orphanages. At the same time Kidsave launched a new program in Sakhalin after signing the contract with Sakhalin Department of Education on introducing Family Visit Model in local orphanages. The pilot project started in Troitsky orphanage in November 2005.

**Life Skills Training:** In 2005 Kidsave served 41 youngsters in Smolensk within the framework of "School of Life" program. The program helps older and emancipated orphans improve their quality of life by improving their life skills. In addition to acquiring vital skills and broadening their knowledge of independent living, older orphans get an opportunity to get to know each other and develop friendships, as well as receive valuable advice and support from Center staff. In 2005, 23 teen orphan mothers received invaluable help under "Malenkaya Mama" program in St. Petersburg. Teen orphan mothers at risk of abandoning their babies were provided with psychosocial support as a result of which the abandonment of their babies has been prevented.

Kidsave's Miracle Walk organized in Smolensk in June 2005 involved more than 400 orphans living in 15 institutions in the Smolensk region. These children walked to build awareness of the plight of children in orphanages in Russia.

**Colombia**

In 2005 Kidsave began raising money and developing partnerships for Encuentros Milagrosos, a Family Visit and Mentoring Program for Colombia. This program will begin in early 2006. This program will recruit and train local families who agree to host and mentor older children; with the ultimate goal of finding long-term mentors and permanent families for the children. Kidsave succeeded in developing a partnership with the Instituto Colombiano de Bienstar Familiar (ICBF), the national child welfare agency responsible for children in public care, and Kidsave.

**Advocacy Events**

Kidsave combines advocacy events and opportunities to support our programs at events. In 2005, we conducted a Women's Advocacy Lunch in Washington, DC, golf tournaments in Washington DC, and Los Angeles, and galas in Moscow and Los Angeles.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

| DESCRIPTION   | GRANTS AND ALLOCATIONS | EXPENSES |
|---|------------------------|----------|
| RUSSIAN MIRACLES PROGRAM - SEE ATTACHED DESCRIPTION |                        | 180,566. |
| ADVOCACY EVENTS - SEE ATTACHED DESCRIPTION          |                        | 227,446. |
| TOTALS  |                        | 408,012. |

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FORM 990, PART IV - INVESTMENTS - SECURITIES  
=====

DESCRIPTION  
-----

MUTUAL FUNDS

TOTALS



FORM 990, PART IV - OTHER LIABILITIES

=====

| DESCRIPTION       | ENDING<br>BOOK VALUE      |
|-------------------|---------------------------|
| -----             | -----                     |
| DEFERRED PAYMENTS | 78,018.                   |
| SPONSORSHIPS      | 16,398.                   |
| TOTALS            | -----<br>94,416.<br>===== |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS   | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|------------------------------------|--------------|---|-----------------------------------|
| RANDI THOMPSON<br>11835 W. OLMPIC BLVD<br>SUITE 295<br>LOS ANGELES, CA 90064 | VICE PRESIDENT<br>40               | 137,882.     | NONE                                    | NONE                              |
| TERRY BAUGH<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016               | PRESIDENT<br>40                    | 138,000.     | NONE                                    | NONE                              |
| TARA KALAGHER GIUNTA<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016      | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| KEN A. CREER<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016              | CO-CHAIR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| BENNY CUKIER<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016              | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| MARGARET HEIMBOLD<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016         | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| KAREN A. JOHNSON<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016          | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| CATHERINE KELLY<br>5165 MACARTHUR BLVD, NW                                   | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS   | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|------------------------------------|--------------|---|-----------------------------------|
| WASHINGTON, DC 20016   |                                    |              |   |                                   |
| JAMES KILCOURSE<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016   | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| MICHAEL F. BYRNE<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016  | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| RONALD A. LEGRAND<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016 | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| ED MAIBACH<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016        | CO-CHAIR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| DEAN MARKS<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016        | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| GERALD A. PORTER<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016  | CO-CHAIR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| PETER A. SCHWARTZ<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016 | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| LEONARD S. SIMON<br>5165 MACARTHUR BLVD, NW                          | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS  | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|------------------------------------|--------------|---|-----------------------------------|
| WASHINGTON, DC 20016  |                                    |              |   |                                   |
| PATRICIA VAN SCOYOC<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016        | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| ROBERT W. WOODRUFF<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016         | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| LAUREN REICHER-GORDON<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016      | SECRETARY<br>40                    | 80,455.      | NONE                                    | NONE                              |
| S. ELIZABETH MCMASTER, CPA<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016 | TREASURER<br>VARIOUS               | NONE         | NONE                                    | NONE                              |
| HENRY COLE<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016                 | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| WILLIAM Z. GOLDSTEIN<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016       | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| MABEL A. PHIFER, PH.D.<br>5165 MACARTHUR BLVD, NW<br>WASHINGTON, DC 20016     | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |
| KATHRIN A. WANNER<br>5165 MACARTHUR BLVD, NW                                  | DIRECTOR<br>VARIOUS                | NONE         | NONE                                    | NONE                              |

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|------------------|------------------------------------|--------------|---|-----------------------------------|
|------------------|------------------------------------|--------------|---|-----------------------------------|

WASHINGTON, DC 20016

GRAND TOTALS

356,337.

NONE

NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

| LINE<br>NO.<br>--- | EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME<br>IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED<br>IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES<br>-----  |
|--------------------|--|
| 101                | NET PROFITS FROM SPECIAL EVENTS HELD TO RAISE FUNDS TO<br>SUPPORT THE ORGANIZATION'S MISSION AND EDUCATE THE PUBLIC<br>ABOUT THE NEEDS OF ALL ABANDONED, ORPHANED, AND FOSTER CARE<br>CHILDREN FOR PERMANENT, LOVING FAMILIES. |
| 102                | THE SALE OF MERCHANDISE BEARING THE ORGANIZATION'S LOGO.   |

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990, PART V

SCHEDULE A, PART IV-A - OTHER INCOME

| DESCRIPTION               | 2004 | 2003    | 2002   | 2001   | TOTAL   |
|---------------------------|------|---------|--------|--------|---------|
| REIMBURSEMENT OF EXPENSES | NONE | 10,972. | 8,502. | 8,965. | 28,439. |
| TOTALS                    | NONE | 10,972. | 8,502. | 8,965. | 28,439. |

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)

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

Form section with fields: Name of Exempt Organization (KIDSAVE INTERNATIONAL), Employer identification number (91-1887623), Number, street, and room or suite no. (5165 MACARTHUR BLVD, NW), City, town or post office, state, and ZIP code (WASHINGTON, DC 20016).

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

Form section with checkboxes for Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T(sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

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

The books are in the care of THE ORGANIZATION Telephone No. 202 237-7283 FAX No.

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 is for.

4 I request an additional 3-month extension of time until 11/15/2006
5 For calendar year 2005, or other tax year beginning and ending
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 THE ORGANIZATION REQUESTS ADDITIONAL TIME TO GATHER THE NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE 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. See instructions \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ NONE
c 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 (Electronic Federal Tax Payment System). See instructions \$

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 CPA Date 8/15/05

Notice to Applicant - To Be Completed by the IRS

Form section with checkboxes: 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 (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other

Director By: Date

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 section with fields: Name (MCMASTER & ASSOCIATES, PC), Number and street (include suite, room, or apt. no.) or a P.O. box number (1776 MASSACHUSETTS AVE, NW, STE 201), City or town, province or state, and country (including postal or ZIP code) (WASHINGTON, DC 20036)