

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

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

C Name of organization: **KIDSAVE INTERNATIONAL, INC.**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4622 WISCONSIN AVE., N.W. 202
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20016

D Employer identification number: **91-1887623**

E Telephone number: **(202) 503-3100**

G Gross receipts \$: **2,097,285.**

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

F Name and address of principal officer: **RANDI THOMPSON**
100 CORPORATE POINTE, SUITE 380, CULVER CITY

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

J Website: **WWW.KIDSAVE.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1997** **M** State of legal domicile: **DC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KIDSAVE'S MISSION IS TO CREATE CHANGE IN GOVERNMENT CHILD WELFARE SYSTEMS SO THAT NO CHILD IS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	255
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,201,092.	1,833,492.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	674.	346.
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9e, 10c, and 11e)	26,677.	56,106.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,228,443.	1,889,944.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	40,145.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	958,022.	986,026.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)		77,925.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,067,583.	835,522.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,025,605.	1,861,693.	
19 Revenue less expenses Subtract line 18 from line 12	202,838.	28,251.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 587,638.	End of Year 619,159.
	21 Total liabilities (Part X, line 26)	40,739.	44,009.
	22 Net assets or fund balances Subtract line 21 from line 20	546,899.	575,150.

Part II Signature Block

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

Sign Here
 Signature of officer: *Randi Thompson* Date: **8/15/14**
RANDI THOMPSON, CEO/EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **JOHN BOVARD MIRON** Preparer's signature: *John Bovard Miron* Date: **8/15/14** Check if self-employed: PTIN: **P01358141**
 Firm's name: **QUIGLEY & MIRON, CPAs** Firm's EIN: **95-4656881**
 Firm's address: **3550 WILSHIRE BOULEVARD-SUITE 1660 LOS ANGELES, CA 90010-2481** Phone no.: **(213) 639-3550**

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

617 5

SCANNED SEP 09 2014

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

KIDSAVE'S MISSION IS TO CREATE CHANGE IN GOVERNMENT CHILD WELFARE SYSTEMS SO THAT NO CHILD IS FORGOTTEN AND EVERY CHILD GROWS UP IN A FAMILY WITH LOVE AND HOPE FOR A SUCCESSFUL FUTURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 354,018. including grants of \$ _____) (Revenue \$ _____)

SUMMER MIRACLES--KIDSAVE'S SUMMER MIRACLES PROGRAM BRINGS ORPHANED CHILDREN FROM FOREIGN COUNTRIES TO THE UNITED STATES FOR FAMILY SUMMER VISITS. KIDSAVE HAS EXPANDED THIS PROGRAM TO INCLUDE A WINTER MIRACLES COMPONENT, TO GIVE ADDITIONAL CHILDREN AN OPPORTUNITY FOR FAMILY VISITS OVER THE WINTER HOLIDAYS. THESE ARE CHILDREN, AGED EIGHT THROUGH 14, WHO LIVE IN ORPHANAGES AND FOSTER CARE, AND HAVE LITTLE OR NO CHANCE OF FINDING ADOPTIVE PARENTS IN THEIR OWN COUNTRIES. FAMILIES WHO HOST THE CHILDREN HELP THEM ENJOY A RICH CULTURAL EXPERIENCE AND, MORE IMPORTANTLY, ADVOCATE FOR THE CHILDREN, REACHING OUT TO THEIR CIRCLES OF FRIENDS, ACQUAINTANCES AND COMMUNITIES TO FIND FAMILIES INTERESTED IN ADOPTION.

4b (Code _____) (Expenses \$ 388,263. including grants of \$ _____) (Revenue \$ _____)

WEEKEND MIRACLES--WEEKEND MIRACLES, LOS ANGELES IS A PUBLIC/PRIVATE PARTNERSHIP LAUNCHED IN 2005 BETWEEN KIDSAVE AND THE COUNTY OF LOS ANGELES DEPARTMENT OF CHILD AND FAMILY SERVICES, WHO WORK TOGETHER TO HELP OLDER YOUTH IN FOSTER CARE (AGES 9 TO 17). THE KIDS HAVE SPENT YEARS IN "THE SYSTEM" AND ARE LANGUISHING WITH NO HOPE FOR ADOPTION OR CONNECTION WITH ADULTS. WEEKEND MIRACLES ALLOWS THE CHILDREN THE OPPORTUNITY TO MEET PEOPLE WHO MIGHT BE WILLING TO HOST, MENTOR OR ADOPT THEM. FOR THE KIDS THE PROGRAM STARTS THROUGH FUN, INTERACTIVE EVENTS DESIGNED TO MAKE IT EASY FOR THE KIDS TO HAVE A GOOD TIME MEETING NEW PEOPLE. ONCE FAMILIES HAVE MET AND BECOME COMFORTABLE TOGETHER CONNECTIONS ARE MADE AND YOUTH ARE MATCHED WITH HOST FAMILIES WHO ADVOCATE TO HELP THEM FIND AN ADOPTIVE FAMILY, AND IN SOME CASES

4c (Code _____) (Expenses \$ 447,168. including grants of \$ _____) (Revenue \$ _____)

RUSSIAN PROGRAMS--IN 2004, KIDSAVE LAUNCHED THE MALENKAYA MAMA (TEEN MOTHER) PROGRAM IN ST. PETERSBURG, RUSSIA. THIS PROGRAM WAS DESIGNED TO BREAK THE CYCLE OF CHILD ABANDONMENT, I.E., TO KEEP CHILDREN AT RISK FOR ABANDONMENT OUT OF ORPHANAGES BY TEACHING TEENAGE MOTHERS AND PREGNANT TEENS - MANY OF WHOM WERE ORPHANS THEMSELVES - HOW TO CARE FOR THEIR BABIES. IN 2011, THE PROGRAM EXPANDED TO MOSCOW. THROUGH THE PROGRAM, YOUNG MOTHERS WORK WITH TRAINED SOCIAL WORKERS AND PSYCHOLOGISTS WHO ASSIST THEM IN ESTABLISHING STRONG, HEALTHY PARENT-CHILD RELATIONSHIPS. THESE YOUNG MOTHERS ARE ALSO TAUGHT HOW TO: OBTAIN ACCESS TO GOVERNMENT BENEFITS, OBTAIN MARKETABLE SKILLS FOR EMPLOYMENT, AND FIND HOUSING AND JOBS. IN 2013, 69 YOUNG WOMEN PARTICIPATED IN THE PROGRAM. FROM INCEPTION THROUGH DECEMBER 2013, 249

4d Other program services (Describe in Schedule O)

(Expenses \$ 431,691. including grants of \$ 40,145.) (Revenue \$ _____)

4e Total program service expenses 1,621,140.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 48		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	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)?	X	
b	If "Yes," enter the name of the foreign country ▶ COLOMBIA, RUSSIA See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KIDSAVE INTERNATIONAL, INC. - (202) 503-3100**
4622 WISCONSIN AVE., N.W., NO. 202, WASHINGTON, DC 20016

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL F. BYRNE DIRECTOR	1.00	X					0.	0.	0.	
(2) THOMAS A. DONOHUE DIRECTOR	2.80	X					0.	0.	0.	
(3) JAMES J. KILCOURSE CO-CHAIR	1.40	X		X			0.	0.	0.	
(4) DEAN MARKS DIRECTOR	1.00	X					0.	0.	0.	
(5) FRANCES M. MORENO DIRECTOR	2.80	X					0.	0.	0.	
(6) KEITH G. MORRISON DIRECTOR	0.40	X					0.	0.	0.	
(7) JONI NOEL DIRECTOR	0.50	X					0.	0.	0.	
(8) GERALD A. PORTER DIRECTOR	1.00	X					0.	0.	0.	
(9) ELLA MARIE SCHIRALLI DIRECTOR	1.20	X					0.	0.	0.	
(10) DARCY ANTONELLIS DIRECTOR	0.60	X					0.	0.	0.	
(11) ELIZABETH DRESING DIRECTOR	0.60	X					0.	0.	0.	
(12) STEPHANIE BOHN DIRECTOR	0.50	X					0.	0.	0.	
(13) HELLER AN SHAPIRO CO-CHAIR	2.50	X		X			0.	0.	0.	
(14) RANDI THOMPSON CHIEF EXECUTIVE OFFICER	40.00			X			140,592.	0.	5,724.	
(15) TERRY BAUGH PRESIDENT	40.00			X			128,422.	0.	8,435.	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	650,106.				
	d	Related organizations					
	e	Government grants (contributions)	238,459.				
	f	All other contributions, gifts, grants, and similar amounts not included above	944,927.				
	g	Noncash contributions included in lines 1a-1f \$	154,024.				
	h	Total. Add lines 1a-1f	1,833,492.				
	Program Service Revenue	Business Code					
2 a							
b							
c							
d							
e							
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		346.		346.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real					
		(ii) Personal					
		Gross rents					
		Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 650,106. of contributions reported on line 1c). See Part IV, line 18						
a			193,837.				
b	Less: direct expenses		193,837.				
c	Net income or (loss) from fundraising events			0.			
9 a	Gross income from gaming activities See Part IV, line 19						
a			69,320.				
b	Less: direct expenses		13,504.				
c	Net income or (loss) from gaming activities			55,816.		55,816.	
10 a	Gross sales of inventory, less returns and allowances						
a							
b	Less: cost of goods sold						
b							
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	OTHER INCOME		900099	290.		290.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			290.			
12	Total revenue. See instructions.			1,889,944.	0.	0.	
						56,452.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	40,145.	40,145.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	283,173.	248,140.	22,444.	12,589.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	509,484.	446,453.	40,381.	22,650.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,676.	8,760.	1,514.	402.
9 Other employee benefits	125,825.	105,700.	16,051.	4,074.
10 Payroll taxes	56,868.	44,840.	9,807.	2,221.
11 Fees for services (non-employees):				
a Management				
b Legal	7,347.	6,129.	1,218.	
c Accounting	88,226.	35,454.	50,505.	2,267.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	205,427.	194,313.	84.	11,030.
12 Advertising and promotion	17,545.	17,369.	84.	92.
13 Office expenses	210,310.	182,972.	12,447.	14,891.
14 Information technology				
15 Royalties				
16 Occupancy	77,134.	68,414.	5,546.	3,174.
17 Travel	139,367.	137,400.	221.	1,746.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,415.	11,656.	397.	362.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,538.	2,218.	202.	118.
23 Insurance	21,009.	18,329.	1,708.	972.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL DEVELOPMNT	35,559.	34,312.	19.	1,228.
b MISCELLANEOUS	14,570.	14,461.		109.
c TRANSLATION	4,075.	4,075.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,861,693.	1,621,140.	162,628.	77,925.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	424,469.	339,575.	0.	84,894.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	29,807.	1	108,043.
	2	Savings and temporary cash investments	435,895.	2	456,946.
	3	Pledges and grants receivable, net	85,423.	3	30,836.
	4	Accounts receivable, net	2,182.	4	3,392.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,018.	9	8,158.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 10,584.		
	b	Less accumulated depreciation	10b 7,101.	10c	3,483.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,292.	15	8,301.
16	Total assets. Add lines 1 through 15 (must equal line 34)	587,638.	16	619,159.	
Liabilities	17	Accounts payable and accrued expenses	40,739.	17	44,009.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	40,739.	26	44,009.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	113,572.	27	75,439.
	28	Temporarily restricted net assets	433,327.	28	499,711.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	546,899.	33	575,150.	
34	Total liabilities and net assets/fund balances	587,638.	34	619,159.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,889,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,861,693.
3	Revenue less expenses Subtract line 2 from line 1	3	28,251.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	546,899.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	575,150.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2013)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,104,498.	2,172,963.	1,924,156.	2,201,092.	1,833,492.	10,236,201.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,104,498.	2,172,963.	1,924,156.	2,201,092.	1,833,492.	10,236,201.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						905,170.
6 Public support. Subtract line 5 from line 4						9,331,031.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,104,498.	2,172,963.	1,924,156.	2,201,092.	1,833,492.	10,236,201.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,530.	1,335.	768.	674.	346.	4,653.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					55,816.	55,816.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	19,199.	79,426.	8,331.	26,677.	290.	133,923.
11 Total support. Add lines 7 through 10						10,430,593.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	89.46 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	90.89 %

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

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

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

Name of organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	1,792,269.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,792,269.													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	239,613.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	59,903.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
2a	Lobbying nontaxable amount	239,346.	234,182.	243,441.	239,613.	956,582.
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,434,873.
c	Total lobbying expenditures	7,400.				7,400.
d	Grassroots nontaxable amount	59,837.	58,546.	60,860.	59,903.	239,146.
e	Grassroots ceiling amount (150% of line 2d, column (e))					358,719.
f	Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization **KIDSAVE INTERNATIONAL, INC.** Employer identification number **91-1887623**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		10,584.	7,101.	3,483.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,483.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,242,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	145,655.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	207,341.	
e	Add lines 2a through 2d		2e	352,996.
3	Subtract line 2e from line 1		3	1,889,944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,889,944.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,214,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	145,655.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	207,341.	
e	Add lines 2a through 2d		2e	352,996.
3	Subtract line 2e from line 1		3	1,861,693.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,861,693.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHOLD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT DECEMBER 31, 2013. GENERALLY, KIDSAVE'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION FOR THREE (FEDERAL) AND THREE OR FOUR (STATES) YEARS FROM THE DATE OF FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:**SPECIAL EVENT DIRECT EXPENSES****193,837.**

Part XIII Supplemental Information (continued)

RAFFLE EXPENSES 13,504.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 207,341.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES 193,837.

RAFFLE EXPENSES 13,504.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 207,341.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number

KIDSAVE INTERNATIONAL, INC.

91-1887623

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
RUSSIA & THE NEWLY INDEPENDENT STATES -	1	10	PROGRAM SERVICES	OPERATE KIDSAVE PROGRAMS TO CREATE AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY THROUGH	294,283.
SOUTH AMERICA - ARGENTINA, BOLIVIA,	1	3	PROGRAM SERVICES	OPERATE KIDSAVE PROGRAMS IN COLOMBIA TO CREATE AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY	78,754.
3 a Sub-total	2	13			373,037.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	13			373,037.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	OPERATIONAL AND MANAGEMENT FUNDING TO SUPPORT WORK OF LOCAL KIDSAVE ORGANIZATION.	40,145	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 1

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information

PART I, LINE 2:

EXPLANATION: DIRECT OVERSIGHT THROUGH IN PERSON VISITS AND WRITTEN PROGRESS/WORK REPORTS FROM GRANTEE.

PART I, LINE 3, COLUMN (E):

REGION: RUSSIA & THE NEWLY INDEPENDENT STATES -

(E) SPECIFIC TYPES OF SERVICES IN REGION: OPERATE KIDSAVE PROGRAMS TO CREATE AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY THROUGH ADVOCACY IN ORDER TO INCREASE EACH CHILD'S LIKELIHOOD OF ADOPTION.

REGION: SOUTH AMERICA - ARGENTINA, BOLIVIA,

(E) SPECIFIC TYPES OF SERVICES IN REGION: OPERATE KIDSAVE PROGRAMS IN COLOMBIA TO CREATE AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY THROUGH ADVOCACY IN ORDER TO INCREASE EACH CHILD'S LIKELIHOOD OF ADOPTION.

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
	LOS ANGELES GALA (event type)	WASHINGTON DC GALA (event type)	3 (total number)	
Revenue				
1 Gross receipts	353,870.	207,688.	282,385.	843,943.
2 Less Contributions	284,661.	156,035.	209,410.	650,106.
3 Gross income (line 1 minus line 2)	69,209.	51,653.	72,975.	193,837.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	7,714.	12,308.	27,356.	47,378.
7 Food and beverages	49,689.	27,298.	26,980.	103,967.
8 Entertainment				
9 Other direct expenses	11,806.	12,047.	18,639.	42,492.
10 Direct expense summary Add lines 4 through 9 in column (d)				193,837.
11 Net income summary Subtract line 10 from line 3, column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	Revenue			
1 Gross revenue			69,320.	69,320.
Direct Expenses				
2 Cash prizes			1,000.	1,000.
3 Noncash prizes			9,217.	9,217.
4 Rent/facility costs				
5 Other direct expenses			3,287.	3,287.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 1.00 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				13,504.
8 Net gaming income summary Subtract line 7 from line 1, column (d)				55,816.

9 Enter the state(s) in which the organization operates gaming activities CA
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in
 - a The organization's facility

13a	100.00	%
13b		%
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ SHIRENE MILLER

Address ▶ 100 CORPORATE POINTE, SUITE 380 - CULVER CITY, CA 90230

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

KIDSAVE INTERNATIONAL, INC.

Employer identification number

91-1887623

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	181	81,566.	AUCTION WINNING BID
26 Other ▶ (AUCTION ITEMS)	X	90	39,260.	AUCTION WINNING BID
27 Other ▶ (AUCTION ITEMS)	X	70	18,409.	AUCTION WINNING BID
28 Other ▶ (AUCTION ITEMS)	X	60	14,789.	AUCTION WINNING BID

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II		X
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION:

LOS ANGELES GALA EVENT AUCTION ITEMS	181
WASHINGTON DC GALA EVENT AUCTION ITEMS	90
LOS ANGELES GOLF EVENT AUCTION ITEMS	70
NEW YORK GOLF EVENT AUCTION ITEMS	60

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

KIDSAVE INTERNATIONAL, INC.

Employer identification number
91-1887623

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**FORGOTTEN AND EVERY CHILD GROWS UP IN A FAMILY WITH LOVE AND HOPE FOR A
SUCCESSFUL FUTURE. THE ORGANIZATION'S PROGRAMMATIC CORNERSTONE IS ITS
FAMILY VISIT MODEL, AN INNOVATIVE METHOD FOR ENGAGING ADULTS AND
CHILDREN, AND PROVIDING CHILDREN WITH VOLUNTEER ADVOCATES WHO CAN HELP
THEM FIND PERMANENT FAMILIES AND CONNECTIONS TO CARING ADULT MENTORS.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**IN 2013, KIDSAVE BROUGHT 33 CHILDREN FROM COLOMBIA TO STAY WITH HOST
FAMILIES IN THE USA. OF THE 33 CHILDREN WHO TRAVELED, 73% FOUND
FAMILIES WHO HAVE COMPLETED THEIR ADOPTIONS OR ARE NOW IN THE PROCESS.
AS OF DECEMBER 31 2013, 1,772 OLDER CHILDREN HAVE PARTICIPATED IN
KIDSAVE'S SUMMER MIRACLES PROGRAM, AND 1,455 OF THESE CHILDREN HAVE
FOUND PERMANENT FAMILIES AS A RESULT OF THEIR PARTICIPATION. IN 2013,
KIDSAVE BEGAN TO ENGAGE COLOMBIA IN ALLOWING CHILDREN WHO ARE
HIV-POSITIVE TO PARTICIPATE IN THE PROGRAM. ONE CHILD WITH HIV HAD A
SUMMER VISIT WITH A HOST ADVOCATE FAMILY. THAT CHILD NOW HAS A FAMILY
PURSUING HER ADOPTION.**

**OVER THE 15 YEARS THAT SUMMER MIRACLES HAS BEEN IN OPERATION, 50
PLACEMENT AGENCIES AND NON-PROFITS HAVE UTILIZED KIDSAVE PROGRAM
MATERIALS, BECOME PARTNERS AND/OR BEEN TRAINED TO OPERATE OR SUPPORT
FAMILY VISIT PROGRAMS, BOTH IN THE US AND EUROPE. THE GOVERNMENT OF
COLOMBIA HAS ESTABLISHED A POLICY WHEREBY ADOPTION AGENCIES OPERATE
THEIR OWN HOSTING PROGRAMS, AND THE GOVERNMENT FINANCIALLY SUPPORTS A
SELECT NUMBER OF THESE PROGRAMS EACH YEAR, THUS EXPANDING THE PRACTICE**

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

KIDSAVE INTERNATIONAL, INC.

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91-1887623

OF HOSTING, THE USE OF THE KIDSAVE MODEL, AND INCREASING THE NUMBER OF OLDER CHILDREN PLACED IN PERMANENT FAMILIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BECOME THAT FAMILY THEMSELVES. KIDSAVE'S GOAL IS TO MAKE IT EASIER FOR FAMILIES TO MEET AND ENGAGE WITH OLDER KIDS WHO OTHERWISE WOULD NOT HAVE AN OPPORTUNITY TO MEET PEOPLE IN THE COMMUNITY OR BE PLACED WITH MENTORS AND ADOPTIVE FAMILIES. THE AVERAGE AGE OF THE CHILDREN IN THIS PROGRAM IS 15.

IN 2013, KIDSAVE ACTIVELY SUPPORTED 50 FOSTER YOUTH IN THE PROGRAM AND 13 FOUND ADOPTIVE FAMILIES OR LEGAL GUARDIANS, WITH AN ADDITIONAL 13 YOUTH CONNECTED TO A HOST FAMILY. THE WEEKEND MIRACLES PROGRAM HAS BEEN OPERATING SINCE 2005 AND HAS SINCE SERVED 184 YOUTH. OVERALL, 71% OF ACTIVE YOUTH IN THE PROGRAM HAVE ACHIEVED LEGAL PERMANENCY OR ARE IN PROCESS OF CONNECTING, OR HAVE A CONNECTION TO AN ADULT. THE AVERAGE DURATION OF HOSTING RELATIONSHIPS IS 2.2 YEARS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MOMS AND 256 BABIES HAVE BEEN SERVED AND 99% OF THE BABIES WERE LIVING WITH THEIR MOMS.

RUSSIA'S STRONG SHOULDER MENTORING PROGRAM BUILDS AWARENESS OF THE NEEDS OF OLDER ORPHANS IN THE WORKFORCE, AND SUPPORTS OLDER YOUTH IN RUSSIAN ORPHANAGES WHO ARE ABOUT TO AGE OUT OF THE GOVERNMENT CARE. THE PROGRAM INTRODUCES THESE YOUNG PEOPLE TO COMMUNITY MEMBERS AND BUSINESS PROFESSIONALS WHO PARTICIPATE IN ACTIVITIES WITH THEM, BECOME THEIR MENTORS AND OFFER INTERNSHIPS. IN 2013, 48 YOUTH PARTICIPATED IN THE

Name of the organization

KIDSAVE INTERNATIONAL, INC.

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PROGRAM, 13 WERE MATCHED WITH MENTORS, AND SEVEN COMPANIES BECAME PROGRAM PARTNERS. OVERALL, 238 EMPLOYEES VOLUNTEERED TO PROVIDE SERVICES IN A VARIETY OF WAYS, THROUGH EVENTS, AS MENTORS, ADVOCATES AND VOLUNTEERS.

FOR SEVEN YEARS, KIDSAVE MANAGED AND OPERATED FAMILY VISIT PROGRAMS IN THE SMOLENSK AND YUZHNO-SAKHALINSK REGIONS OF RUSSIA. DURING THAT TIME, 1,177 ORPHANED AND ABANDONED CHILDREN WERE EITHER MOVED INTO FAMILIES OR WERE IN MENTORING RELATIONSHIPS WITH ADULTS. IN MARCH 2013, KIDSAVE CONDUCTED A TRAINING OF THE MOSCOW REGION'S CHILD WELFARE OFFICIALS IN THE FAMILY VISIT MODEL, ORPHAN MENTORING, AND FAMILY RECRUITMENT TECHNIQUES.

DURING 2013, KIDSAVE ALSO SERVED AS A MEMBER OF THE CHILD PROTECTION WORKING GROUP OF THE U.S. RUSSIAN CIVIL SOCIETY PARTNERSHIP PROGRAM, A PROJECT WITH THE GOAL OF ACHIEVING GREATER COLLABORATION BETWEEN RUSSIAN AND U.S. CIVIL SOCIETY ORGANIZATIONS IN THE AREA OF CHILD PROTECTION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PERMANENCY PROGRAM--KIDSAVE DEVOTES ATTENTION TO ADDITIONAL PROJECTS AND ACTIVITIES THAT FALL UNDER THE CATEGORY OF ITS PERMANENCY PROGRAM. SUCH ACTIVITIES SUPPORT COUNTRIES WHERE NO KIDSAVE PROGRAMS EXIST, AND INCLUDE PROMOTION OF ITS FAMILY VISIT MODEL TO GOVERNMENTS AND OTHER ORGANIZATIONS, ADVOCATING FOR CHANGE AND SEEKING PARTNERSHIPS FOR MODEL EXPANSION. COMMUNICATIONS, TRADITIONAL AND SOCIAL MEDIA OUTREACH, THE KIDSAVE WEBSITE, AND MATERIAL DEVELOPMENT ARE ALSO ACCOUNTED FOR UNDER THE PERMANENCY CATEGORY.

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EXPENSES \$ 205,018. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COLOMBIAN PROGRAMS--KIDSAVE'S FAMILY VISIT PROGRAM SUPPORTS THE COLOMBIAN GOVERNMENT'S PRIORITY OF FAMILY INCLUSION FOR CHILDREN IN GOVERNMENT PROTECTION. IN 2013, KIDSAVE COLOMBIA FOCUSED ALMOST EXCLUSIVELY ON: (A) TRAINING THE STAFF OF INSTITUTO COLOMBIANO BIENESTAR FAMILIAR ("ICBF") IN KIDSAVE'S FAMILY VISIT MODEL, AND (B) PROVIDING ADVICE AND SUPPORT TO ICBF TO ENABLE THEM TO TAKE OVER THE MANAGEMENT AND OPERATION OF KIDSAVE'S LAZOS DE FAMILIA (FAMILY TIES) PROGRAM, WHICH HAS MATCHED 164 CHILDREN WITH HOST FAMILIES OR MENTORS, AND KIDSAVE'S PROJECT OF LIFE PROGRAM, WHICH HAS SERVED 3000 CHILDREN. (ICBF IS COLOMBIA'S GOVERNMENT AGENCY THAT OVERSEES ALL CHILD WELFARE AND ADOPTIONS IN COLOMBIA.) KIDSAVE OVERSAW THE TRAINING OF 146 CHILD WELFARE PROFESSIONALS TO MANAGE THESE PROGRAMS. IN LATE OCTOBER 2013, KIDSAVE AND ICBF PARTNERED TO RELAUNCH THE LAZOS DE FAMILIA PROGRAM IN BOGOTA AND MEDELLIN THROUGH A PUBLIC EDUCATION, PRINT ADVERTISING AND SOCIAL MEDIA CAMPAIGN KNOWN AS ICBF'S "SUPER AMIGOS". MORE THAN 1100 FAMILIES REGISTERED TO PARTICIPATE IN YEAR-END EVENTS TO MEET CHILDREN WHO NEEDED A CONNECTION TO A CARING ADULT. BY DECEMBER 2013, 300 CHILDREN HAD PARTICIPATED IN SUPER AMIGOS AND 26 HAD BEEN MATCHED WITH HOST FAMILIES.

IN 2012, KIDSAVE SUPPORTED THE FOUNDING OF A COLOMBIAN ORGANIZATION, THE KIDSAVE COLOMBIA FOUNDATION, WITH A FIVE-YEAR GOAL OF DEVELOPING A SELF-SUSTAINING, INDIGENOUS ORGANIZATION WITH A FOCUS ON PERMANENT FAMILY CARE AND CONNECTIONS FOR COLOMBIAN CHILDREN. DURING 2013, KIDSAVE CONTINUED TO PROVIDE OPERATIONAL AND MANAGEMENT FUNDING TO SUPPORT THE WORK OF THE LOCAL ORGANIZATION, AND TRANSFERRED IN-COUNTRY

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GOVERNMENT GRANTS THAT WERE PREVIOUSLY MANAGED BY KIDSAVE TO THE LOCAL ORGANIZATION.

KIDSAVE COLOMBIA ALSO SUPPORTED THE COORDINATION OF THE SUMMER MIRACLES PROGRAM WITH ICBF. KIDSAVE COLOMBIA HELPED ICBF IDENTIFY CHILDREN WHO WERE APPROPRIATE FOR THE PROGRAM, OBTAINED THEIR MEDICAL HISTORY, AND PROVIDED TRAINING TO THE CHILDREN ABOUT AMERICAN HABITS, CULTURE AND FAMILY LIFE. PRIOR TO TRAVELING TO THE U.S., THE CHILDREN WERE INTRODUCED TO THEIR AMERICAN HOST FAMILIES VIA SKYPE. AFTER THE CHILDREN RETURNED TO COLOMBIA, KIDSAVE COLOMBIA STAFF WORKED WITH MEMBERS OF EACH CHILD'S DEFENDER TEAM (WHICH INCLUDES A LAWYER, A PSYCHOLOGIST AND A SOCIAL WORKER) TO DEBRIEF ALL THE PARTICIPATING CHILDREN. THEY ALSO PROVIDED SUPPORT TO THE HOST FAMILIES WHO WERE APPLYING TO ADOPT, SO THAT RELATIONSHIPS COULD CONTINUE TO DEVELOP BETWEEN CHILDREN AND FAMILIES DURING THE ADOPTION APPLICATION PROCESS. EXPENSES \$ 58,227. INCLUDING GRANTS OF \$ 40,145. REVENUE \$ 0.

ADVOCACY--AS A VOICE FOR GLOBAL CHANGE, MUCH OF KIDSAVE'S WORK IS FOCUSED ON ADVOCACY: BUILDING AWARENESS AMONG THE PUBLIC AND LAWMAKERS IN THE US CONGRESS ABOUT THE CHALLENGES THAT CHILDREN IN GOVERNMENT CARE FACE, AND POSSIBLE WAYS TO HELP THEM.

IN 2012, KIDSAVE WORKED AS AN EXECUTIVE COMMITTEE MEMBER OF THE CHILDREN IN ADVERSITY POLICY PARTNERSHIP (CAPP), A COALITION OF NONPROFIT ORGANIZATIONS THAT IS CONCERNED ABOUT THE WELFARE OF CHILDREN WHO DO NOT HAVE PARENTAL CARE, CHILDREN WHO DO NOT RECEIVE SUFFICIENT NURTURING, AND CHILDREN WHO ARE SUBJECT TO VIOLENCE, ABUSE AND NEGLECT. CAPP'S FOCUS WAS ON BUILDING FISCAL AND HUMAN RESOURCES AND SEEKING A

Name of the organization

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BASIS WITHIN LAW FOR THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT'S ACTION PLAN FOR CHILDREN IN ADVERSITY. THE ACTION PLAN IS THE FIRST-EVER USAID STRATEGY THAT FIRMLY ESTABLISHES CHILDREN LIVING OUTSIDE OF FAMILY CARE AS A GOVERNMENT PRIORITY.

KIDSAVE ALSO PARTICIPATED IN THE CHILDREN IN FAMILIES FIRST WORKING GROUP, A COALITION OF ORGANIZATIONS WHICH SUPPORTS LEGISLATION INTRODUCED IN THE SENATE AND THE HOUSE IN 2012. THE BILLS, ENTITLED THE CHILDREN IN FAMILIES FIRST ACT OF 2012, FOCUSED ON ESTABLISHING AN OFFICE WITH THE STATE DEPARTMENT PROVIDING THE AUTHORITY FOR THE STATE TO WORK WITH COUNTRY LEADERS ON THE THREE PILLARS OF THE ACTION PLAN FOR CHILDREN IN ADVERSITY: STRONG BEGINNINGS, FAMILIES FIRST, AND PROTECTION FROM VIOLENCE AND ABUSE.

KIDSAVE ALSO COLLABORATED WITH OTHER ADVOCACY ORGANIZATIONS THAT FOCUS ON PERMANENT FAMILY CARE FOR CHILDREN TO CONCEPTUALIZE AND BEGIN TO DEVELOP AN AWARENESS CAMPAIGN AND NEW NONPROFIT THAT WILL HELP BRING GREATER AWARENESS TO THE GENERAL PUBLIC OF THE NEED FOR CHILDREN TO GROW UP IN A FAMILIES.

KIDSAVE CONDUCTED A GOLF TOURNAMENT AND A GALA IN LOS ANGELES, A GALA IN WASHINGTON, DC, AND A GOLF TOURNAMENT IN SUMMIT, NEW JERSEY TO ADVOCATE AMONG GROUPS OF BUSINESS LEADERS AND OTHERS ABOUT THE IMPORTANCE OF CHILDREN GROWING UP IN FAMILIES. KIDSAVE COMBINES FUNDRAISING ACTIVITIES WITH INFORMATION ABOUT CHILDREN OUTSIDE OF FAMILY CARE AND EXPOSURE TO CHILDREN HELPED BY THE PROGRAM TO HELP INCREASE AWARENESS OF THE PROBLEM. ANOTHER PART OF KIDSAVE'S ADVOCACY WORK IS TALKING WITH OTHERS WHO MIGHT BE INTERESTED IN IMPLEMENTING

Name of the organization

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KIDSAVE'S PROGRAMS. IN ADDITION TO THE TRAININGS IN RUSSIA AND COLOMBIA, KIDSAVE HAD CONVERSATIONS WITH A VARIETY OF STATE AND COUNTY GOVERNMENTS AND ADOPTION AGENCIES INTERESTED IN RECEIVING KIDSAVE TRAINING AND IMPLEMENTING ITS PROGRAMS.

EXPENSES \$ 168,446. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: FORM 990 IS PREPARED BY OUR OUTSIDE AUDITOR. FOLLOWING THE COMPLETION OF A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND A DRAFT OF FORM 990, THE OUTSIDE AUDITOR MEETS WITH THE FULL BOARD OF DIRECTORS TO REVIEW THE FINANCIAL STATEMENTS AND FORM 990 TO ASSURE THAT ALL REPRESENTATIONS AND ANSWERS TO ISSUES, COMMENTS AND QUESTIONS ARE ACCURATE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES THAT A DIRECTOR SHALL EXCUSE HIMSELF OR HERSELF FROM ANY VOTE UPON WHICH SUCH DIRECTOR, OR ANY MEMBER OF HIS IMMEDIATE FAMILY, HAS A MATERIAL FINANCIAL INTEREST. PRIOR TO EACH VOTE ON ORGANIZATION MATTERS, DIRECTORS ARE ASKED TO ABSTAIN AS APPROPRIATE, BASED ON THE CONFLICT OF INTEREST POLICY. ANY CONFLICTS IN APPLICATION OF THE CONFLICT OF INTEREST POLICY ARE REFERRED TO THE COMPLIANCE COMMITTEE FOR RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND PRESIDENT SET COMPENSATION FOR ALL EMPLOYEES ON AN ANNUAL BASIS AT TIME OF BUDGET PREPARATION. COMPENSATION IS BASED ON PRIOR YEAR COMPENSATION, ORGANIZATION AND INDIVIDUAL PERFORMANCE EVALUATIONS, LOCAL NONPROFIT COMPENSATION SURVEYS, FORM 990S OF SIMILAR ORGANIZATIONS IN THEIR SERVICE

Name of the organization

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AREA, AND COMPENSATION INFORMATION RECEIVED FROM MEMBER INDUSTRY ASSOCIATIONS. THE BUDGETED COMPENSATION AMOUNTS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL, THE APPROVAL DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS. THE APPROVED COMPENSATION AMOUNTS ARE DOCUMENTED IN EACH APPLICABLE EMPLOYEE'S PAYROLL FILE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	192,763.
MANAGEMENT AND GENERAL EXPENSES	84.
FUNDRAISING EXPENSES	11,030.
TOTAL EXPENSES	203,877.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,550.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,550.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	205,427.

Name of the organization

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FORM 990, PART XII, LINE 2C:

EXPLANATION: THE ORGANIZATION'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE
INDEPENDENT AUDITOR.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*
- Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions KIDSAVE INTERNATIONAL, INC.	Employer identification number (EIN) or 91-1887623
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 5185 MACARTHUR BOULEVARD NW, NO. 108	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20016	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KIDSAVE INTERNATIONAL, INC. - 5185 MACARTHUR BOULEVARD

- The books are in the care of ▶ **NW, NO. 108 - WASHINGTON, DC 20016**
Telephone No ▶ **(310) 642-7283** 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- 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. Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. KIDSAVE INTERNATIONAL, INC.	Employer identification number (EIN) or 91-1887623
	Number, street, and room or suite no. If a P O box, see instructions 4622 WISCONSIN AVENUE, N.W., NO. 202	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20016	

Enter the Return code for the return that this application is for (file a separate application for each return) ... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- KIDSAVE INTERNATIONAL, INC. - 4622 WISCONSIN AVENUE, N.W., NO. 202 - WASHINGTON, DC 20016**
- The books are in the care of **N.W., NO. 202 - WASHINGTON, DC 20016**
Telephone No. **(202) 503-3100** Fax No. **(202) 503-3131**
 - 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 **NOVEMBER 15, 2014.**
- 5 For calendar year **2013**, or other tax year beginning _____, and ending _____
- 6 If the tax year entered in line 5 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
ADDITIONAL TIME IS NEEDED TO COMPLETE CERTAIN ACCOUNTING PROCEDURES RELATED TO THE BOOKS OF THE ORGANIZATION.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 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.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 **Monty Lyon** Title **CPA** Date **7/31/14**