

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- B Check if applicable: Address change, Name change, Initial return, Final 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: 200 CORPORATE POINTE 325 City or town, state or province, country, and ZIP or foreign postal code: CULVER CITY, CA 90230

D Employer identification number: 91-1887623 E Telephone number: (310) 642-7283 G Gross receipts \$ 4,887,455

F Name and address of principal officer: RANDI THOMPSON 200 CORPORATE POINTE SUITE 325 CULVER CITY, CA 90230

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

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

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 FORGOTTEN AND EVERY CHILD GROWS UP IN A FAMILY WITH LOVE AND HOPE FOR A SUCCESSFUL FUTURE.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 16b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20

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 PRESIDENT AND CEO, Date 2024-09-10

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01582463, Firm's name QUIGLEY & MIRON, Firm's EIN 32-0530003, Firm's address 3550 WILSHIRE BLVD 1660 LOS ANGELES, CA 90010, Phone no. (213) 639-3550

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 935,859 including grants of \$ 75,261 ) (Revenue \$ )

INTERNATIONAL PERMANENCY PROGRAMS:UKRAINEKIDSAVE BEGAN WORKING IN UKRAINE IN 2016 AS PART OF A MOVEMENT TO REFORM UKRAINE'S CHILD WELFARE SYSTEM AND IS ALSO A FOUNDING MEMBER OF THE UKRAINE NATIONAL MENTORING ASSOCIATION, WHICH WAS ESTABLISHED IN 2018 TO IMPLEMENT KIDSAVE PROGRAMS IN UKRAINE. CREATING TWO PROGRAMS IN UKRAINE, KIDSAVE BEGAN HELPING UKRAINIAN CHILDREN FIND FOREVER FAMILIES OR GAIN SUCCESSFUL, INDEPENDENT LIVING THROUGH OUR MENTORING AND TRAINING PROGRAMS. KIDSAVE'S CORPORATE MENTORING PROGRAM, PATHWAY TO SUCCESS, FOR OLDER CHILDREN WHO WILL SOON AGE OUT OF GOVERNMENT CARE, HAS BEEN AT WORK IN KYIV SINCE 2018. IN ADDITION TO MENTORING WORK, KIDSAVE'S FAMILY VISIT PROGRAM WAS CREATED TO HELP SAFELY AND EFFECTIVELY MOVE OLDER ORPHANED CHILDREN INTO FAMILY CARE. PLANS WERE UNDERWAY TO EXPAND OUR PROGRAMS TO THREE MORE REGIONS WHEN THE INVASION BEGAN. ON FEBRUARY 24, 2023 THE WAR IN UKRAINE REACHED ITS FIRST ANNIVERSARY AND THE CONFLICT CONTINUED. OUR ANGELS OF HOPE, A CHILD SPONSORSHIP INITIATIVE THAT PROVIDES FOOD AND MEDICAL SUPPLIES TO CHILDREN, CONTINUED TO RISK THEIR OWN LIVES DELIVERING FOOD, MEDICINE, PORTABLE WATER, AND OTHER SUPPLIES TO VILLAGES DESTROYED BY THE VIOLENCE. SINCE THE WAR BEGAN, THROUGH DECEMBER OF 2023, OUR ANGELS OF HOPE EVACUATED 31,000 PEOPLE TO SAFETY-13,685 OF THEM CHILDREN. IN 2023 OUR TEAM DELIVERED 1,774 TONS OF AID, SUPPORTING BASIC MONTHLY NECESSITIES FOR MORE THAN 25,000 PEOPLE AND DELIVERING MEDICAL SUPPLIES AND EQUIPMENT TO HOSPITALS IN COMMUNITIES RAVAGED BY THE WAR. KIDSAVE'S ANGELS OF HOPE TEAM IS ONE OF THE FEW GROUPS THAT STILL TRAVEL INTO ACTIVE COMBAT ZONES TO PROVIDE AID. DURING 2023 KIDSAVE'S TEAM CONTINUED TO WORK DILIGENTLY TO ENSURE ITS CORE PROGRAMS CONTINUED IN UKRAINE. OUR CORPORATE MENTORING PROGRAM, PATHWAY TO SUCCESS, PROVIDED MENTORSHIP AND CAREER-READINESS TRAINING TO TEENS EXITING OR SOON-TO-EXIT INSTITUTIONAL CARE. DURING 2023 THE TEAM ALSO PROVIDED A VITAL LIFELINE TO THESE YOUTH, PROVIDING TRAUMA THERAPY AND RESOURCES TO HELP THEM COPE WITH THE EFFECTS OF THIS DEVASTATING WAR. IN 2023 TWO HUNDRED AND TWO (202) TEENS PARTICIPATED IN PATHWAY TO SUCCESS, AND 144 ORPHANED CHILDREN WERE PLACED IN FAMILIES. ONE HUNDRED (100) YOUTH IN THE PATHWAY TO SUCCESS PROGRAM PARTICIPATED IN THE TAKING FLIGHT WITH BOEING PROJECT, AND MORE CONTINUED TO JOIN IN 2024. ONE THOUSAND AND SEVEN (1,007) TEENS HAVE PARTICIPATED IN PATHWAY TO SUCCESS SINCE 2018. IN LATE 2022, A UKRAINIAN PARTNER OF KIDSAVE WAS GIFTED 4.5 ACRES OF LAND IN THE CARPATHIAN MOUNTAINS OF WESTERN UKRAINE, WHERE KIDSAVE AND UKRAINIAN PARTNER ORGANIZATIONS BEGAN CONSTRUCTION OF THE KIDSAVE MIRACLES CENTER (CENTER). WHILE SOME SPACES WERE ALREADY OPERATIONAL AND THE CENTER HOSTED ITS FIRST TRAUMA THERAPY TRAINING IN 2023, CONSTRUCTION IS EXPECTED TO CONTINUE THROUGH 2025.THE CENTER IS DESIGNED TO SERVE AS A MULTIFUNCTIONAL CAMPUS THAT WILL ENCOMPASS TRAINING, CONFERENCE, AND OFFICE SPACES, MODULAR HOUSING FOR CHILDREN AND PROSPECTIVE FAMILIES TO CONNECT, A WELLNESS CENTER, A FISHERY, A COMMERCIAL KITCHEN, AND SPORTS AND RECREATION AREAS.THE CENTER WILL BE A PLACE OF CONNECTION, OPPORTUNITY, AND WELLBEING FOR ORPHANED CHILDREN AND YOUTH, THE FAMILIES WHO WANT TO ADOPT THEM, AND THE DEDICATED PROFESSIONALS WHO SUPPORT THEM. IT WILL PROVIDE MEETING AND RECREATION SPACES FOR CHILDREN AND POTENTIAL FAMILIES TO CONNECT AND PARTICIPATE IN OUR FAMILY MENTORING PROGRAM; YOUTH IN OUR PATHWAY TO SUCCESS PROGRAM WILL MEET THERE AS A GROUP WITH THEIR MENTORS.ONE SUCH PROJECT IS THE COLYBA CULTURAL CAF, AN ON-CAMPUS EATERY SERVING AUTHENTIC UKRAINIAN CUISINE WHICH PLANS TO EMPLOY YOUNG ADULTS WHO GREW UP IN FOSTER CARE, ORPHANAGES, AND INSTITUTIONS. ALL CAF REVENUE WILL SUPPORT THE CENTER'S ONGOING SOCIAL PROGRAMS WHILE PROVIDING UKRAINIAN YOUTH WITH VALUABLE WORK EXPERIENCE AND BENEFITING THE LOCAL COMMUNITY.IN 2022, AS A RESULT OF THE ORGANIZATION'S EXTENSIVE INVOLVEMENT IN UKRAINE AND THE DEVELOPMENT OF THE KIDSAVE MIRACLES CENTER TO SUPPORT PERMANENT FAMILY PLACEMENT OF UKRAINIAN ORPHANED AND ABANDONED CHILDREN, KIDSAVE MANAGEMENT DETERMINED IT NECESSARY TO OPERATE AN OFFICE THERE. IN DECEMBER 2022 THE ORGANIZATION OPENED ITS REPRESENTATIVE OFFICE AS A SUBDIVISION OF KIDSAVE INTERNATIONAL. KIDSAVE'S OFFICE IN UKRAINE IS CURRENTLY LOCATED IN WESTERN UKRAINE, AT THE KIDSAVE MIRACLES CENTER PROPERTY IN THE CARPATHIAN MOUNTAINS. INSTEAD OF OPERATING OFFICES IN NUMEROUS COUNTRIES GLOBALLY, KIDSAVE HAS BUILT LOCAL CAPACITY THROUGH TRAINING AND STRONG PARTNERSHIPS WITH NONGOVERNMENTAL ORGANIZATIONS IN COLOMBIA AND SIERRA LEONE.COLOMBIAKIDSAVE'S FAMILY VISIT PROGRAM SUPPORTS THE COLOMBIAN GOVERNMENT'S PRIORITY OF FAMILY INCLUSION FOR CHILDREN IN GOVERNMENT PROTECTION. FUNDACION APEGO BECAME INDEPENDENT OF KIDSAVE IN 2018 AND CONTINUES TO SUCCESSFULLY OPERATE KIDSAVE'S FAMILY VISIT MODEL/SUPER AMIGOS PROGRAM AND MAMA MENTORA PROGRAM. FUNDACION APEGO IS AN INDIGENOUS COLOMBIAN ORGANIZATION THAT FOCUSES ON THE FUNDAMENTAL RIGHTS OF CHILDREN, TEENS AND FAMILIES, AND WORKS WITH GIRLS IN EARLY PREGNANCY TO DEVELOP STRONG MATERNAL BONDS AND BREAK THE CYCLE OF CHILD ABANDONMENT. KIDSAVE CONTINUES TO SHARE LESSONS LEARNED AND PROVIDE FUNDACION APEGO WITH TRAINING AND SUPPORT AS NEEDED, WHICH SERVES OUR JOINT COMMITMENT OF FINDING FAMILIES AND MENTORS, AND ASSISTING WITH THE DEVELOPMENT OF LIFE SKILLS, FOR OLDER ORPHANED AND ABANDONED CHILDREN IN COLOMBIA. SIERRA LEONE, AFRICAKIDSAVE'S SIERRA LEONE PROGRAM MOVES CHILDREN OUT OF ORPHANAGES AND, WHENEVER POSSIBLE, REUNITES THEM WITH EXTENDED FAMILY MEMBERS (KIN). WHEN REUNIFICATION WITH KIN IS NOT POSSIBLE, KIDSAVE IDENTIFIES NEW FAMILIES FOR THESE CHILDREN THROUGH COMMUNITY CONNECTION EVENTS THAT HELP THE CHILDREN AND INTERESTED FAMILIES GET ACQUAINTED. THESE FAMILIES HOST THE CHILD IN THEIR HOMES, WHICH PROVIDES THE CHILD WITH STABILITY, SUPPORT AND AN OPPORTUNITY TO REMAIN IN SCHOOL. MOST OF THESE CHILDREN WERE ORPHANED DUE TO THE EBOLA VIRUS. KIDSAVE WORKS WITH ITS PARTNER, INTEGRATED DEVELOPMENT INITIATIVES (IDI, FORMERLY KNOWN AS FOUNDATION FOR INTEGRATED DEVELOPMENT (FID). IDI CONTINUES TO PROVIDE FAMILY TRACING, CASE MINING, REUNIFICATION, TRAINING OF FAMILIES AND PARA-SOCIAL WORKERS, AND MONITORING OF CHILDREN PLACED WITH KIN OR HOST FAMILIES. CHILDREN ARE MONITORED TO ENSURE THEY ARE HEALTHY, HAPPY, GOING TO SCHOOL, WELL FED, AND GENERALLY PROVIDED FOR APPROPRIATELY. MONITORING TAKES PLACE AT ONE-MONTH, THREE-MONTH, AND SIX-MONTH INTERVALS AFTER PLACEMENT. KIDSAVE ALSO PROVIDES SCHOOL SUPPORT FOR THESE CHILDREN WHEN NEEDED, INCLUDING BOOKS, BOOKBAGS, UNIFORMS, AND SCHOOL FEES. IN 2023, KIDSAVE CONDUCTED FAMILY TRACING AND CASE MINING FOR OLDER ORPHANS WHO BELIEVED THAT THEY HAD LIVING RELATIVES WHO COULD RAISE THEM. AS A RESULT, 146 CHILDREN WERE PLACED WITH KIN OR HOST FAMILIES. ALL OF THESE CHILDREN AND THEIR FAMILIES WERE PROVIDED WITH SCHOOL SUPPORT AND REUNIFICATION KITS; 64 FAMILIES ALSO RECEIVED AGRICULTURAL SUPPORT. KIDSAVE AND IDI TRAINED 3,600 CAREGIVERS, SOCIAL WORKERS, AND STAKEHOLDERS (APPROXIMATELY 300 EACH MONTH) ABOUT THE RIGHTS OF CHILDREN, THEIR PROPER CARE, AND HOW TO MONITOR AND PROTECT THEM. KIDSAVE AND IDI ALSO DEVELOPED 20 ACRES OF INLAND VALLEY SWAMPS FOR RICE AND VEGETABLE PRODUCTION IN FOUR COMMUNITIES IN THE PUJEHUN DISTRICT OF SIERRA LEONE. THIS DEVELOPMENT IS AN EXPANSION OF AN ECONOMIC STRENGTHENING PROGRAM KIDSAVE STARTED IN 2019 FOR 40 HOUSEHOLDS IN THIS DISTRICT. SINCE KIDSAVE BEGAN WORKING IN SIERRA LEONE IN 2010, THIS PROGRAM HAS HELPED 1,440 CHILDREN.

4b (Code: ) (Expenses \$ 920,836 including grants of \$ ) (Revenue \$ )

WEEKEND MIRACLESKIDSAVE'S WEEKEND MIRACLES PROGRAM HELPS OLDER KIDS AND TEENS IN FOSTER CARE (AGES 9-18) FIND HOST FAMILIES, PERMANENT FAMILIES, AND DEVOTED MENTORS. THESE CHILDREN HAVE SPENT YEARS IN THE CHILD WELFARE SYSTEM. THEY ARE LANGUISHING IN FOSTER CARE WITH LITTLE HOPE FOR ADOPTION, OR A LASTING CONNECTION WITH A CARING ADULT. WEEKEND MIRACLES PROVIDES THESE CHILDREN WITH OPPORTUNITIES TO MEET PEOPLE WHO MIGHT BE WILLING TO HOST, MENTOR OR ADOPT THEM. THE PROGRAM PROVIDES MONTHLY INTERACTIVE EVENTS DESIGNED TO MAKE IT EASY AND FUN FOR OLDER CHILDREN AND TEENS IN FOSTER CARE TO MEET NEW PEOPLE. AN IMPORTANT PART OF THE PROGRAM IS THAT IT PROVIDES YOUTH WITH A VOICE AND CHOICE IN WHOM THEY GET TO KNOW AND DEVELOP RELATIONSHIPS WITH, WHICH EMPOWERS AND ENGAGES YOUTH IN THE PROCESS, AND BUILDS THEIR CONFIDENCE AND SELF-ESTEEM. ONCE INTERESTED FAMILIES AND KIDS MEET AND GET TO KNOW EACH OTHER AT KIDSAVE'S MONTHLY CONNECTION EVENTS, RELATIONSHIPS DEVELOP NATURALLY. YOUTH WHO ARE INTERESTED IN ADOPTION ARE MATCHED WITH HOST FAMILIES WHO EITHER HOPE TO ADOPT OR WORK WITH KIDSAVE TO FIND FAMILIES IN THE COMMUNITY WHO ARE INTERESTED IN ADOPTING AN OLDER CHILD. YOUTH WHO ARE NOT INTERESTED IN ADOPTION ARE MATCHED WITH A CARING HOST MENTOR WHO PROVIDES SUPPORT AND GUIDANCE. IN SOME CASES, HOST FAMILIES ADOPT THE FOSTER YOUTH THEY HOST. IN OTHERS, YOUTH MEET FAMILIES WHO ADOPT THEM THROUGH OTHER ADVOCACY EFFORTS. KIDSAVE'S GOAL IS TO FIND FAMILIES AND MENTORING SUPPORT SYSTEMS FOR OLDER KIDS BY MAKING IT EASIER FOR ADULTS IN THE COMMUNITY TO MEET AND ENGAGE WITH OLDER YOUTH IN FOSTER CARE WHO WOULD OTHERWISE NOT HAVE THE OPPORTUNITY. LOS ANGELES COUNTYWEEKEND MIRACLES LOS ANGELES (WMLA) IS A PUBLIC/PRIVATE PARTNERSHIP, LAUNCHED IN OCTOBER 2005, BETWEEN KIDSAVE AND THE COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS). IN 2023 WMLA HOSTED MONTHLY CONNECTION EVENTS, SERVING 87 KIDS. OF THE 87 CHILDREN AND TEENS SERVED, 76 ACTIVELY PARTICIPATED IN THE LOS ANGELES PROGRAM THROUGHOUT THE YEAR. FORTY-ONE (41) OF THE 76 (54%) YOUTH HAVE ACHIEVED LEGAL OR RELATIONAL PERMANENCY; 18 YOUTH (44%) ENTERED AN ADOPTIVE MATCH; 7 YOUTH (17%) NOW HAVE LEGAL GUARDIANS; 6 (15%) WERE REUNIFIED WITH BIOLOGICAL FAMILY AND 10 YOUTH (24%) WERE CONNECTED WITH A MENTOR. SINCE OCTOBER 2005 WHEN WMLA WAS LAUNCHED, 609 OLDER FOSTER YOUTH HAVE PARTICIPATED IN WMLA. SIXTY-FIVE PERCENT (65%) OF THE FOSTER YOUTH WHO HAVE PARTICIPATED IN WMLA HAVE FOUND ADOPTIVE FAMILIES, DEVOTED MENTORS OR LEGAL GUARDIANS.DURING 2023, WMLA PARTNERED WITH DCFS, FOSTERALL, AND EXPRESSIONS 58 TO ORGANIZE AND FACILITATE THE SECOND ANNUAL CAMP CONNECT, AN OVERNIGHT WEEKEND CAMP EXPERIENCE. CAMP CONNECT FOCUSED ON HELPING OLDER FOSTER YOUTH (AGES 12-17) WHO WERE RELUCTANT TO TRUST AND BUILD HEALTHY RELATIONSHIPS WITH ADULTS TO BECOME MORE OPEN TO BUILDING SAFE ADULT CONNECTIONS. THE WEEKEND EXPERIENCE INCLUDED TEAM BUILDING

ACTIVITIES, INTERACTIVE ART WORKSHOPS, AS WELL AS INSPIRATIONAL SPEAKERS WHO ADDRESSED HOW TO IDENTIFY HEALTHY RELATIONSHIPS AND SAFE BOUNDARIES. ADDITIONALLY, YOUTH AND ADULTS WHO HAD EXPERIENCED FOSTER CARE OR HAD BEEN ADOPTED SHARED THEIR EXPERIENCES AND THE IMPORTANCE OF ADULT CONNECTIONS. AFTER EVALUATING THE POST-CAMP SURVEYS, 65% OF THE YOUTH REPORTED BEING OPEN TO AN ADULT CONNECTION. HOUSTONWEEKEND MIRACLES HOUSTON (WMH) HOSTED ITS FIRST CONNECTION EVENT IN OCTOBER 2020. SINCE THEN, 135 CHILDREN AND TEENS HAVE BEEN SERVED BY THIS PROGRAM. IN 2023, THE HOUSTON PROGRAM SERVED 61 FOSTER YOUTH, 49 OF WHOM REMAINED ACTIVE THROUGHOUT THE YEAR. FIFTY-ONE PERCENT (51%) OF THE ACTIVE YOUTH WERE CONNECTED TO WEEKEND HOSTS, ADOPTIVE MATCHES, LEGAL GUARDIANS OR NONRELATED EXTENDED FAMILY MEMBERS. WMH HELD 14 IN-PERSON CONNECTION EVENTS IN 2023. THE CHILDREN SERVED BY WMH IN 2023 COME FROM MORE THAN 19 COUNTIES ACROSS TEXAS, SPANNING EIGHT DFPS REGIONS.

**4c** (Code: ) (Expenses \$ **627,385** including grants of \$ **24,063** ) (Revenue \$ )

SUMMER AND WINTER MIRACLESKIDSAVE'S SUMMER MIRACLES PROGRAM BRINGS OLDER CHILDREN (AGE 9 TO 15) WHO NEED PERMANENT FAMILIES FROM COLOMBIA TO THE U.S. FOR SUMMER VISITS. THESE ARE CHILDREN WHO LIVE IN INSTITUTIONS AND FOSTER HOMES, HAVE NO CHANCE OF RETURNING TO BIOLOGICAL FAMILIES, AND HAVE LITTLE OR NO CHANCE OF FINDING ADOPTIVE PARENTS IN THEIR OWN COUNTRY. FAMILIES WHO HOST THE CHILDREN HELP THEM ENJOY A RICH CULTURAL EXPERIENCE AND, MORE IMPORTANTLY, WORK TOGETHER WITH KIDSAVE STAFF AND VOLUNTEERS TO CHAMPION THE CHILDREN, REACHING OUT TO THEIR CIRCLES OF FRIENDS, ACQUAINTANCES, AND COMMUNITIES TO FIND FAMILIES INTERESTED IN ADOPTION. IN 2023 KIDSAVE FACILITATED FAMILY VISIT PROGRAMS IN THE SUMMER AND WINTER BRINGING A TOTAL OF 47 CHILDREN FROM COLOMBIA, TO STAY WITH HOST FAMILIES IN THE U.S. OF THE 47 KIDS WHO TRAVELED, 41 WERE FOUND TO BE READY FOR ADOPTION IN THE U.S. OF THE 41 CHILDREN WHO WERE OPEN TO ADOPTION, 31 (76%) HAVE A FAMILY PURSUING ADOPTION. SINCE THE PROGRAM'S INCEPTION IN 1999, TWO THOUSAND ONE HUNDRED AND FIFTY-ONE (2,151) OLDER CHILDREN HAVE PARTICIPATED IN THIS PROGRAM. PRIOR TO THE SUMMER AND WINTER VISITS IN 2023, KIDSAVE HELPED THE COLOMBIAN CHILD WELFARE AGENCY, INSTITUTO COLOMBIANO DE BIENESTAR FAMILIAR (ICBF), IDENTIFY CHILDREN WHO WERE APPROPRIATE FOR KIDSAVE'S SUMMER MIRACLES PROGRAM AND RECRUITED AMERICAN HOST FAMILIES. BEFORE TRAVELING TO THE U.S., THE CHILDREN AND HOST FAMILIES HAD THE OPPORTUNITY TO MEET EACH OTHER VIA ZOOM. DURING THE TIME THE CHILDREN ARE IN THE U.S., THEY ENJOY EVENTS FILLED WITH FUN ACTIVITIES, AND EXPERIENCE MANY "FIRSTS," SUCH AS VISITING AMUSEMENT PARKS, SWIMMING, BOWLING, ATTENDING BASEBALL GAMES AND OTHER SPORTING EVENTS-ALL WHILE BUILDING RELATIONSHIPS WITH THEIR HOST FAMILIES. AFTER THE CHILDREN RETURNED TO COLOMBIA, KIDSAVE PROVIDED SUPPORT TO PROSPECTIVE ADOPTIVE FAMILIES AND WORKED COLLABORATIVELY WITH PARTNER ADOPTION AGENCIES. KIDSAVE ALSO BEGAN OUTREACH EFFORTS TO RECRUIT PROSPECTIVE HOST FAMILIES FOR THE SUMMER 2024 PROGRAM. IN 2023 KIDSAVE'S SUMMER AND WINTER MIRACLES COMMUNITIES WERE LED BY VOLUNTEER COORDINATORS IN THE NEW YORK TRI-STATE AREA (NEW YORK, NEW JERSEY, AND CONNECTICUT), DC METRO AREA (DISTRICT OF COLOMBIA, MARYLAND, AND VIRGINIA), MINNESOTA (TWIN CITIES) AND SOUTHERN CALIFORNIA. ALL COMMUNITY VOLUNTEERS, HOST FAMILIES, AND KIDSAVE STAFF CHAMPIONED EACH CHILD TO FIND THEM AN ADOPTIVE FAMILY. IN ADDITION TO THE CHILDREN HOSTED IN SUMMER MIRACLES COMMUNITIES, THESE CHILDREN ARE PLACED WITH HOST FAMILIES IN CITIES THROUGHOUT THE CONTINENTAL U.S. THE GOVERNMENT OF COLOMBIA HAS INCORPORATED THE PREMISE OF KIDSAVE'S HOSTING MODEL, FAMILY VISITS FOR YOUTH IN FOSTER CARE AND ORPHANAGES, AS ITS PRIMARY STRATEGY FOR FINDING FAMILIES FOR OLDER, HARD-TO-PLACE YOUTH. OVER THE 24 YEARS THAT SUMMER MIRACLES HAS BEEN IN OPERATION, MORE THAN 65 PLACEMENT AGENCIES AND NONPROFITS HAVE OPERATED SUMMER HOSTING VISITS.

(Code: ) (Expenses \$ **1,959,161** including grants of \$ ) (Revenue \$ **116,289** )

DEI INITIATIVE - EMBRACEBLACK CHILDREN MAKE UP 22% OF THE FOSTER CARE POPULATION, YET ONLY 14% OF CHILDREN IN THE U.S. ARE BLACK. WHILE THERE IS MUCH ANECDOTAL INFORMATION ABOUT THIS PROBLEM, THERE IS A DISTINCT LACK OF QUANTITATIVE DATA. TO ADDRESS THE OVERREPRESENTATION OF BLACK CHILDREN IN U.S. FOSTER CARE AND ULTIMATELY IMPROVE OUTCOMES FOR MARGINALIZED CHILDREN IN CARE, KIDSAVE LAUNCHED A NATIONAL FIVE-PART PROJECT IN PARTNERSHIP WITH THE GALLUP CENTER ON BLACK VOICES CALLED EMBRACE, WHICH STANDS FOR EXPANDING MEANINGFUL BLACK RELATIONSHIPS AND CREATING EQUITY. THE EMBRACE PROJECT IS COMPRISED OF FIVE PHASES: (1) QUANTITATIVE DATA COLLECTION, (2) QUALITATIVE DATA COLLECTION, (3) DATA ANALYSIS AND REPORTING, (4) AMPLIFICATION, AND (5) POLICY REFORM. IN 2023 WE COMPLETED PHASES 1 THROUGH 3. PUBLISHED IN NOVEMBER 2023, THE STUDY COLLECTED OVER 5,000 SURVEY RESPONSES FROM AMERICANS, INCLUDING AN OVERSAMPLE OF 1,400 BLACK AMERICANS AND NEARLY 1,000 HISPANIC AMERICANS. THE STUDY PROVIDES STATISTICALLY SIGNIFICANT DATA ON PERCEPTIONS, ATTITUDES, AND BELIEFS AROUND FOSTER CARE AND ADOPTION. OUR GOAL IS TO DISMANTLE THE HURDLES BLACK FAMILIES EXPERIENCE WHEN IT COMES TO FOSTERING AND ADOPTION, IN HOPES OF A BETTER FUTURE FOR ALL CHILDREN. COLLABORATIVE PARTNERSHIPS IN 2023 IN LOS ANGELES COUNTY, KIDSAVE WAS ACTIVE IN SEVERAL PUBLIC/PRIVATE SECTOR COMMITTEES THAT ADDRESS PERMANENCY FOR LOS ANGELES COUNTY FOSTER YOUTH, WHICH INCLUDE: (1) THE LOS ANGELES COUNTY ADOPTION CONSORTIUM, A COLLABORATIVE DEDICATED TO EDUCATING STAKEHOLDERS ON NEW LEGISLATION, COUNTY POLICIES, AND ISSUES AFFECTING PERMANENCY; (2) THE PERMANENCY COLLABORATION COMMITTEE, A PARTNERSHIP BETWEEN KIDSAVE AND THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) OF L.A. COUNTY PROBATION DEPARTMENT, WORKING TO IMPROVE PERMANENCY OUTCOMES FOR PROBATION YOUTH; (3) CASA OF LOS ANGELES, WHICH MOBILIZES COMMUNITY VOLUNTEERS TO ADVOCATE FOR CHILDREN WHO HAVE EXPERIENCED ABUSE AND NEGLECT; (4) FOSTERALL, AN ORGANIZATION THAT RECRUITS PROSPECTIVE FOSTER PARENTS FROM FAITH COMMUNITIES AND HELPS FAMILIES SELECT THE AGENCY THAT IS BEST SUITED FOR THEM BY PROVIDING ONGOING PERSONAL SUPPORT THROUGHOUT THEIR FOSTER/ADOPT EXPERIENCE; (5) FOSTER TOGETHER NETWORK (FTN), A COLLECTIVE IMPACT INITIATIVE OF PUBLIC AND PRIVATE STAKEHOLDERS COMMITTED TO INCREASING ACCESS TO HIGH QUALITY CARE FOR CHILDREN PLACED IN LOS ANGELES COUNTY'S FOSTER CARE SYSTEM; (6) KIDSAVE WAS ACTIVE IN FTN'S EQUITY COMMITTEE, A SUBCOMMITTEE FORMED TO INCREASE AND ENHANCE THE PROVISION OF CULTURALLY RESPONSIVE AND COMPETENT CARE FOR BLACK CHILDREN, IN AN EFFORT TO FACILITATE WELL-BEING AND IMPROVE THEIR LIFE OUTCOMES; (7) FOSTERMORE, A COALITION OF MEDIA AND ENTERTAINMENT COMPANIES, FOUNDATIONS, NON-PROFITS, BUSINESSES AND PHILANTHROPIC ORGANIZATIONS WORKING TO CREATE GREATER UNDERSTANDING, EMPATHY, AND ACTION TO IMPROVE THE FUTURE OF YOUTH IN FOSTER CARE; AND (8) RAISEACHILD, A NATIONAL NONPROFIT ORGANIZATION THAT RECRUITS AND SUPPORTS RESOURCE PARENTS; THEY ALSO ADVOCATE FOR ADOPTIVE HOMES FOR CHILDREN IN CARE. IN 2023 IN TEXAS, KIDSAVE WAS A MEMBER OF THE REGION 6 FOSTER CARE STAKEHOLDER COLLABORATIVE, THE TEXAS ALLIANCE OF CHILD AND FAMILY SERVICES, THE GREATER HOUSTON LGBT CHAMBER OF COMMERCE, THE CHILD WELFARE SECTION OF THE TEXAS STATE BAR, THE TEXAS FOSTER CARE ASSOCIATION, THE REGION 6 DATA WORKGROUP, THE REGION 6 CCSS PREVENTION WORKGROUP, THE REGION 6 CCSS COMMUNITY ADVISORY COMMITTEE, AND THE REGION 6 CCSS BUILDING CAPACITY COMMITTEE. KIDSAVE ALSO HAD MOUS (MEMORANDUM OF UNDERSTANDING, AN AGREEMENT OF TWO MORE PARTIES) WITH HEARTS WITH HOPE GRO/RTC, EMBRACING DESTINY GRO/RTC, OPEN ARMS, OPEN HEARTS GRO/RTC, AND THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS). KIDSAVE PARTNERED WITH THE FOLLOWING CHILD PLACEMENT AGENCIES IN 2023: THE SANCTUARY, ARROW CHILD & FAMILY SERVICES, AND ARMS WIDE. KIDSAVE ALSO COLLABORATED WITH NUMEROUS ADDITIONAL GRO/RTC ORGANIZATIONS, NGOS, AND CHILD PLACEMENT AGENCIES. SUPPORT FOR PERMANENCY INITIATIVES AS A VOICE FOR GLOBAL CHANGE, KIDSAVE WORKS TO BUILD AWARENESS AMONG THE PUBLIC AND IN U.S. CONGRESS ABOUT THE CHALLENGES THAT CHILDREN IN GOVERNMENT CARE FACE, AND WAYS TO HELP THEM. KIDSAVE USES ITS DIRECT SERVICE PROGRAMS TO DEMONSTRATE HOW ITS FAMILY VISIT MODEL WORKS, AND SHARES INFORMATION ABOUT ITS PROGRAMS WITH CHILD WELFARE PROFESSIONALS WITH THE GOAL OF INCREASING PERMANENCY OUTCOMES FOR OLDER YOUTH. PUBLIC EDUCATION AND OUTREACH KIDSAVE'S WEBSITE, BLOG, AND SOCIAL MEDIA POSTS FOCUS ON SHARING INFORMATION ABOUT CHILDREN IN NEED OF FAMILIES AND BOLSTERING ENGAGEMENT AND SUPPORT FOR THE CHILDREN THROUGH HOSTING, VOLUNTEERING, DONATING, AND ADOPTING. IN 2023, KIDSAVE'S ADVOCACY IMAGES ON SOCIAL MEDIA PLATFORMS REGULARLY REACHED 37,600, IN TURN GENERATING HUNDREDS OF INQUIRIES AND RESPONSES. KIDSAVE ALSO USES EVENTS TO EDUCATE PEOPLE ABOUT KIDSAVE'S MISSION: THE NEED FOR CHILDREN WORLDWIDE TO LIVE IN FAMILIES, AND SPECIFIC CHILDREN WHO NEED PERMANENT FAMILIES. KIDSAVE HELD TWO IN-PERSON GALAS IN 2023 - ONE IN LOS ANGELES AND THE OTHER IN WASHINGTON, DC. BOTH GALAS SOUGHT TO BRING AWARENESS OF THE NEED FOR OLDER, FORGOTTEN CHILDREN TO HAVE FAMILY CONNECTIONS, AND RAISED FUNDS TO SUPPORT PERMANENCY PROGRAMS. OTHER EVENTS KIDSAVE HELD IN 2023 INCLUDE AN IN-PERSON GOLF TOURNAMENT IN LOS ANGELES AND HIKES FOR FOSTER YOUTH IN LOS ANGELES AND REDWOOD CITY, CA AND WASHINGTON, DC.

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ **1,959,161** including grants of \$ ) (Revenue \$ **116,289** )

**4e** **Total program service expenses** **4,443,241**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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. 2a 23
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? 3b
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? 4a No
b If "Yes," enter the name of the foreign country:
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
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? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
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? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
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? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
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? 12a
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? 13a
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? 14a No
b If "Yes," has it filed a Form 720 to report these payments? 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
16 If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? 16 No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17
If "Yes," complete Form 6069.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 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? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed 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 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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, address, and telephone number of the person who possesses the organization's books and records: KIDSAVE INTERNATIONAL INC 200 CORPORATE POINTE 325 CULVER CITY, CA 90230 (310) 642-7283

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALINA ZINCHIK ..... DIRECTOR	1.00 .....	X						0	0	0
(2) ALLYSON B BAKER ..... DIRECTOR	1.00 .....	X						0	0	0
(3) AUTUMN RONDA ..... DIRECTOR	1.00 .....	X						0	0	0
(4) CASEY JENKINS ..... DIRECTOR	1.00 .....	X						0	0	0
(5) CLAIRE N LUCAS ..... DIRECTOR	1.00 .....	X						0	0	0
(6) CORRIE BURKS ..... DIRECTOR	1.00 .....	X						0	0	0
(7) ELIZABETH DRESING ..... DIRECTOR	1.00 .....	X						0	0	0
(8) ELIZABETH GLASER ..... DIRECTOR	1.00 .....	X						0	0	0
(9) ELLA MARIE SCHIRALLI ..... DIRECTOR	1.00 .....	X						0	0	0
(10) JAMES J KILCOURSE ..... DIRECTOR	2.00 .....	X						0	0	0
(11) JONI NOEL ..... CO-CHAIR ELECT	5.00 .....	X			X			0	0	0
(12) KELLY O'NEIL ..... DIRECTOR	1.00 .....	X						0	0	0
(13) LIZ KING ..... DIRECTOR	1.00 .....	X						0	0	0
(14) MARK GREEN ..... DIRECTOR	1.00 .....	X						0	0	0
(15) MICHAEL F BYRNE ..... DIRECTOR	1.00 .....	X						0	0	0
(16) PETER MILLER ..... TREASURER ELECT	2.00 .....	X						0	0	0
(17) SHANNON SCOTT-PAUL ..... CO-CHAIR ELECT	5.00 .....	X			X			0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) TANIA CHEATER DIRECTOR	1.00	X					0	0	0
(19) WRENN CHAIS DIRECTOR	1.00	X					0	0	0
(20) GERALD PORTER DIRECTOR	1.00	X					0	0	0
(21) DAVE GULEZIAN DIRECTOR	1.00	X					0	0	0
(22) DOUG THOMSON DIRECTOR	1.00	X					0	0	0
(23) RICHARD SEATON DIRECTOR	1.00	X					0	0	0
(24) RANDI THOMPSON CHIEF EXECUTIVE OFFICER	40.00			X			168,760	0	21,099
(25) EDWARD HANNAN VICE PRESIDENT AND DIRECTOR OF REVENUE ENABLEMENT	40.00					X	180,967	0	8,404
(26) LAUREN REICHER GORDON SENIOR VP AND DIRECTOR OF FAMILY VISIST PROGRAMS	40.00					X	143,717	0	17,980
(27) ELIZABETH CROZER DIRECTOR OF DEVELOPMENT	40.00					X	120,327	0	12,024
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>						613,771	0	59,507	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GALLUP INC 1001 GALLUP DRIVE OMAHA, NE 68102	MANAGEMENT CONSULTING	326,550
GLOBAL SITUATION ROOM INC 805 CAMERON STREET ALEXANDRIA, VA 22314	MANAGEMENT CONSULTING	130,000
TATIANA STAFFORD 2872 DELAMAR DRIVE DUBLIN, CA 94568	PROGRAM CONSULTANT	119,500
ANDY HEALY 5135 ORRVILLE AVENUE WOODLAND HILLS, CA 91367	PROGRAM CONSULTANT	104,000
DAVID A FREIDIN CPA PO BOX 1923 REDONDO BEACH, CA 90278	ACCOUNTING	103,875

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and Federated campaigns through Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include APPLICATION HOST PAYME and Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net rental income, Gross amount from sales of assets, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Net income or (loss) from sales of inventory.

Table for Other Revenue Misc Amt with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include OTHER INCOME and Total.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,000	10,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	89,324	89,324		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	540,928	404,769	132,366	3,793
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,115,198	1,074,427	13,763	27,008
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,079	6,155	696	228
<b>9</b> Other employee benefits	208,764	159,300	46,335	3,129
<b>10</b> Payroll taxes	124,904	98,615	24,262	2,027
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,655	2,551		104
<b>c</b> Accounting	124,456	58,691	64,935	830
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	814,427	756,304	2,121	56,002
<b>12</b> Advertising and promotion	389,214	127,395		261,819
<b>13</b> Office expenses	386,607	354,750	16,609	15,248
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	91,516	79,354	10,432	1,730
<b>17</b> Travel	57,949	56,507	327	1,115
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	179,062	152,213	854	25,995
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	21,607	20,121	1,105	381
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> HUMANITARIAN AID	472,650	472,650		
<b>b</b> RESEARCH FUNDING	350,550	350,550		
<b>c</b> MIRACLES CONSTRUCTION	146,592	146,592		
<b>d</b> MISCELLANEOUS	136,550	95,378	40,773	399
<b>e</b> All other expenses	-128,637	-72,405	4,240	-60,472
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,141,395	4,443,241	358,818	339,336
<b>26</b> 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).	397,308	317,846	0	79,462

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	3,694,990	<b>1</b>	2,860,908
	<b>2</b> Savings and temporary cash investments	503,853	<b>2</b>	768,221
	<b>3</b> Pledges and grants receivable, net . . . . .	277,669	<b>3</b>	241,229
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	96,414	<b>9</b>	60,201
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 10,585		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 10,585	<b>10c</b> 0	0
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	3,041	<b>15</b>	142,602
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	4,575,967	<b>16</b>	4,073,161	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	66,667	<b>17</b>	59,620
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	136,644	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	66,667	<b>26</b>	196,264	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,798,914	<b>27</b>	2,517,114
	<b>28</b> Net assets with donor restrictions	1,710,386	<b>28</b>	1,359,783
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	4,509,300	<b>32</b>	3,876,897
<b>33</b> Total liabilities and net assets/fund balances	4,575,967	<b>33</b>	4,073,161	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,488,406
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,141,395
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-652,989
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,509,300
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	20,586
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	3,876,897

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
KIDSAVE INTERNATIONAL INC

**Employer identification number**  
91-1887623

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

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- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,579,220	2,100,610	2,679,143	7,206,248	4,606,086	18,171,307
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	1,579,220	2,100,610	2,679,143	7,206,248	4,606,086	18,171,307
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						3,918,758
<b>6 Public support.</b> Subtract line 5 from line 4.						14,252,549

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4. . . . .	1,579,220	2,100,610	2,679,143	7,206,248	4,606,086	18,171,307
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .			2,069	38,599	129,299	169,967
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .	2,640	878				3,518
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,314	6,077	296	189,494	250	197,431
<b>11 Total support.</b> Add lines 7 through 10						18,542,223
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	393,464
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	76.870 %
<b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	81.440 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 1 Gifts, grants, contributions, and membership fees received, 2 Gross receipts from admissions, merchandise sold or services performed, 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 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 on 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 VI.), 13 Total support. (Add lines 9, 10c, 11, and 12.), 14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests—2023. 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—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		



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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018. . . . .			
<b>b</b> From 2019. . . . .			
<b>c</b> From 2020. . . . .			
<b>d</b> From 2021. . . . .			
<b>e</b> From 2022. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019. . . . .			
<b>b</b> Excess from 2020. . . . .			
<b>c</b> Excess from 2021. . . . .			
<b>d</b> Excess from 2022. . . . .			
<b>e</b> Excess from 2023. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

**Schedule of Contributors**

OMB No. 1545-0047

(Form 990)  
Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2023**

Name of the organization KIDSAVE INTERNATIONAL INC	<b>Employer identification number</b> 91-1887623
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
KIDSAVE INTERNATIONAL INC

**Employer identification number**  
91-1887623

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
KIDSAVE INTERNATIONAL INC

Employer identification number  
91-1887623

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

<b>(a)</b> No. from Part I	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
<b>(a)</b> No. from Part I	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
<b>(a)</b> No. from Part I	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
<b>(a)</b> No. from Part I	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts received or held.

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		9,705	9,705	0
<b>e</b> Other . . . . .		880	880	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				0

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on 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	
FINANCE LEASE LIABILITY	136,644
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	136,644

**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' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	5,040,051
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	20,586	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	167,812	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	363,247	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 551,645
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 4,488,406
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 4,488,406

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	5,672,454
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	167,812	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	363,247	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 531,059
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 5,141,395
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 5,141,395

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2:	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 UPHELD 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, 2023. 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 EXPENSES 363,247.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 363,247.

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**  
**Software Version:**

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KIDSAVE INTERNATIONAL INC

**Employer identification number**

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 or 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 the region	(d) Activities conducted in region (by type) (such as 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 the region	(f) Total expenditures for and investments in the region
(1) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	0	1	PROGRAM SERVICES, GRANTMAKING	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 OR A LASTING CONNECTION TO A CARING ADULT MENTOR.	14,163
(2) SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES, GRANTMAKING	KIDSAVE'S SIERRA LEONE PROGRAMME MOVES CHILDREN OUT OF ORPHANAGES AND REUNIFIES THEM WITH KIN. WHEN KIN CANNOT BE FOUND, THE CHILDREN ARE MOVED INTO THE HOMES OF HOST FAMILIES.	75,261
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	1			89,424
<b>b</b> Total from continuation sheets to Part I . . . . .					0
<b>c Totals</b> (add lines 3a and 3b)	0	1			89,424

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	IN COUNTY SUPPORT FOR THE SUMMER COLOMBIA MIRACLES PROGRAM.	14,163	WIRE TRANSFER	0		FMV
(2)		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PAYMENTS MADE FOR THE SIERRA LEONE PROJECT	75,261	WIRE TRANSFER	0		FMV
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 separately 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; don't file with Form 990)* . . . . .  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
KIDSAVE INTERNATIONAL INC

**Employer identification number**  
91-1887623

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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
	<b>NATIONAL GALA</b> (event type)	<b>LA GOLF 2023</b> (event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
<b>1</b> Gross receipts . . . . .	497,929	176,061		673,990
<b>2</b> Less: Contributions . . . . .	259,953	50,790		310,743
<b>3</b> Gross income (line 1 minus line 2) . . . . .	237,976	125,271		363,247
<b>Direct Expenses</b>				
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .	3,586	1,441		5,027
<b>7</b> Food and beverages . . . . .	82,137	47,197		129,334
<b>8</b> Entertainment . . . . .	15,450	4,387		19,837
<b>9</b> Other direct expenses . . . . .	136,803	72,246		209,049
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				363,247
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				0

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

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

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

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

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

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

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

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	100.000 %
b	An outside facility	13b	%

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

Name ▶ SHIRENE MILLER

Address ▶ 200 CORPORATE POINTE SUITE 325 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
KIDSAVE INTERNATIONAL INC

**Employer identification number**

91-1887623

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

**Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOLT INTERNATIONAL 250 COUNTRY CLUB RD EUGENE, OR 97401	23-7257390	501C(3)	5,000	0			PAYMENT MADE FOR ADOPTION FEES AND POST PLACEMENT SERVICES
(2) NIGHTLIGHT CHRISTIAN ADOPTIONS 1528 BROOKHOLLOW DRIVE SUITE 100 SANTA ANA, CA 92705	95-2254634	501C(3)	5,000	0			PAYMENT MADE FOR ADOPTION ASSISTANCE FOR FAMILIES ADOPTING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

2

**3** Enter total number of other organizations listed in the line 1 table . . . . .

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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**Additional Data**

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**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KIDSAVE INTERNATIONAL INC

Employer identification number

91-1887623

**Part I Questions Regarding Compensation**

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

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> RANDI THOMPSON CHIEF EXECUTIVE OFFICER	(i)	168,760	0	0	8,028	13,071	189,859	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>2</b> EDWARD HANNAN VICE PRESIDENT AND DIRECTOR OF REVEN	(i)	180,967	0	0	7,621	783	189,371	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>3</b> LAUREN REICHER GORDON SENIOR VP AND DIRECTOR OF FAMILY VIS	(i)	143,717	0	0	4,958	13,022	161,697	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

**Part III** **Supplemental Information**

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

Return Reference	Explanation
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## **Additional Data**

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**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2023****Open to Public  
Inspection**Name of the organization  
KIDSAVE INTERNATIONAL INC**Employer identification number**

91-1887623

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	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	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	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 AREA, AND COMPENSATION INFORMATION RECEIVED FROM MEMBER INDUSTRY ASSOCIATIONS. THE BUDGETED COMPENSATION AMOUNTS ARE PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL, THEN 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, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	CONTRACTORS: PROGRAM SERVICE EXPENSES 749,797. MANAGEMENT AND GENERAL EXPENSES 21. FUNDRAISING EXPENSES 55,523. TOTAL EXPENSES 805,341. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 6,507. MANAGEMENT AND GENERAL EXPENSES 2,100. FUNDRAISING EXPENSES 479. TOTAL EXPENSES 9,086.
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR. THIS RESPONSIBILITY IS UNCHANGED FROM THE PRIOR YEAR.

## **Additional Data**

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