

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

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 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- 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): 200 CORPORATE POINTE 325 Room/suite: 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 \$ 5,995,750

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 SO OLDER, FORGOTTEN CHILDREN IN FOSTER CARE AND ORPHANAGES GROW UP IN FAMILIES OR CONNECTED TO CARING ADULTS. WE FULFILL OUR MISSION BY: (A) BUILDING CONNECTIONS BETWEEN OLDER ORPHANS/FOSTER YOUTH AND INTERESTED ADULTS WHO ARE PROSPECTIVE MENTORS AND/OR ADOPTIVE FAMILIES; (B) CREATING VISIBILITY FOR OLDER YOUTH WHO ARE READY AND OPEN TO A PERMANENT CONNECTION; AND (C) TRAINING ADULTS TO BE CARING MENTORS AND PREPARING THEM FOR THE ADOPTION PROCESS.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (21), 4 Number of independent voting members (21), 5 Total number of individuals employed (22), 6 Total number of volunteers (448), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (4,242,840 / 4,327,290), 9 Program service revenue (116,289 / 0), 10 Investment income (129,027 / 92,691), 11 Other revenue (250 / 4,304), 12 Total revenue (4,488,406 / 4,424,285)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (99,324 / 121,456), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (1,996,873 / 2,220,514), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (153,302), 17 Other expenses (3,045,198 / 2,778,103), 18 Total expenses (5,141,395 / 5,120,073), 19 Revenue less expenses (-652,989 / -695,788)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (4,073,161 / 3,522,925), 21 Total liabilities (196,264 / 313,159), 22 Net assets or fund balances (3,876,897 / 3,209,766)

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 2025-11-13. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01370973, Firm's name QUIGLEY & MIRON, Firm's EIN 32-0530003, Firm's address 3580 WILSHIRE BLVD 1755 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 SO OLDER, FORGOTTEN CHILDREN IN FOSTER CARE AND ORPHANAGES GROW UP IN FAMILIES OR CONNECTED TO CARING ADULTS. WE FULFILL OUR MISSION BY: (A) BUILDING CONNECTIONS BETWEEN OLDER ORPHANS/FOSTER YOUTH AND INTERESTED ADULTS WHO ARE PROSPECTIVE MENTORS AND/OR ADOPTIVE FAMILIES; (B) CREATING VISIBILITY FOR OLDER YOUTH WHO ARE READY AND OPEN TO A PERMANENT CONNECTION; AND (C) TRAINING ADULTS TO BE CARING MENTORS AND PREPARING THEM FOR THE ADOPTION PROCESS.

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 \$ 1,013,688 including grants of \$ 97,456) (Revenue \$) INTERNATIONAL PERMANENCY PROGRAMS UKRAINE KIDSAVE BEGAN WORKING IN UKRAINE IN 2016 AS PART OF NATIONAL CHILD WELFARE REFORM EFFORTS. KIDSAVE IS ALSO A FOUNDING MEMBER OF THE UKRAINE NATIONAL MENTORING ASSOCIATION, WHICH WAS ESTABLISHED IN 2018 TO IMPLEMENT KIDSAVE'S PROGRAMS IN UKRAINE. DESPITE THE ONGOING WAR, KIDSAVE CONTINUE TO OPERATE TWO CORE KIDSAVE INITIATIVES OPERATE IN UKRAINE IN 2024: KIDSAVE'S PATHWAY TO SUCCESS PROGRAM - A CORPORATE AND INDIVIDUAL MENTORING AND CAREER-READINESS PROGRAM FOR OLDER YOUTH AGING OUT OF CARE; AND KIDSAVE'S FAMILY VISIT PROGRAM - HELPING PLACE OLDER ORPHANED AND ABANDONED CHILDREN FROM INSTITUTIONS TO FAMILY CARE. IN DECEMBER 2022 KIDSAVE OPENED A REPRESENTATIVE OFFICE IN UKRAINE AS A SUBDIVISION OF KIDSAVE INTERNATIONAL. THE OFFICE IS LOCATED AT THE KIDSAVE MIRACLES CENTER IN THE CARPATHIAN MOUNTAINS IN WESTERN UKRAINE. PROGRAM IMPLEMENTATION IS CARRIED OUT BY THE UKRAINE NATIONAL MENTORING ASSOCIATION (ANDM), A UKRAINIAN NGO CO-FOUNDED BY KIDSAVE IN 2018. KIDSAVE PROVIDES STAFF, TRAINING, FINANCIAL RESOURCES, AND OVERSIGHT TO SUPPORT ANDM IN DELIVERING ITS CORE FAMILY PLACEMENT AND MENTORING PROGRAMS. TWO HUNDRED SEVENTY-NINE (279) TEENS PARTICIPATED IN PATHWAY TO SUCCESS, A CORPORATE AND INDIVIDUAL MENTORING PROGRAM FUNDED IN LARGE PART SINCE 2018 BY THE BOEING CORPORATION. IN 2024, ONE HUNDRED FORTY-FIVE (145) OF THE YOUTH IN THE PATHWAY TO SUCCESS PROGRAM PARTICIPATED IN THE "TAKING FLIGHT WITH BOEING" PROJECT, A YEAR-LONG MENTORING PROJECT WITH AIMED TO TEACH YOUTH ABOUT AVIATION, BUILD THEIR SELF-CONFIDENCE AND RELATIONSHIP SKILLS. ONE HUNDRED FORTY-FOUR (144) BOEING EMPLOYEES TOOK PART ON THE PROJECT. KIDSAVE'S HUMANITARIAN INITIATIVE, ANGELS OF HOPE, DELIVERED 603 TONS OF AID IN 2024, REACHING OVER 21,000 PEOPLE. SINCE THE WAR BEGAN, 30,000 INDIVIDUALS, HALF OF THEM CHILDREN, WERE EVACUATED TO SAFETY. KIDSAVE ALSO SUPPORTED THE CHILDREN AND FAMILY SUPPORT CENTER IN MYKOLAIV, WHICH PROVIDED WEEKLY TRAUMA-INFORMED CARE TO MORE THAN 500 INTERNALLY DISPLACED CHILDREN AND THEIR MOTHERS. IN 2022 A KIDSAVE UKRAINIAN PARTNER ORGANIZATION RECEIVED A DONATION OF 4.5 ACRES OF LAND IN THE CARPATHIAN MOUNTAINS, WHERE THE KIDSAVE MIRACLES CENTER WAS CONSTRUCTED. THE CENTER BECAME PARTIALLY OPERATIONAL IN JULY 2024, HOSTING ITS FIRST GROUP OF 43 WAR-AFFECTED CHILDREN. OF THOSE, 29 RECEIVED TRAUMA-INFORMED CARE AND 21 WERE PLACED IN PERMANENT FAMILIES. DURING THE WINTER HOLIDAYS, 21 CHILDREN FROM MYKOLAIV WERE HOSTED AT THE CENTER FOR THEIR SAFETY, RESULTING IN THE SUCCESSFUL PLACEMENT OF A SIBLING GROUP OF SIX. THE CENTER IS DESIGNED AS A MULTI-USE FACILITY WITH HOUSING, TRAINING AREAS, A COMMERCIAL KITCHEN, AND RECREATIONAL SPACE. IN 2024, NINE TRAININGS WERE HELD AT THE KIDSAVE MIRACLES CENTER, AND TEN ADDITIONAL TRAININGS ON KIDSAVE MODEL PROGRAMS WERE HELD ACROSS OTHER REGIONS OF UKRAINE. IN JULY 2024 KIDSAVE'S CEO AND ANDM REPRESENTATIVES MET WITH NATIONAL AND REGIONAL UKRAINIAN GOVERNMENT OFFICIALS TO INTRODUCE KIDSAVE'S FAMILY PLACEMENT AND MENTORING MODELS. THIS RESULTED IN THE SIGNING OF A MEMORANDUM OF COOPERATION WITH UKRAINE'S STATE CHILDREN'S SERVICES. COLOMBIA KIDSAVE'S FAMILY VISIT PROGRAM SUPPORTS THE COLOMBIAN GOVERNMENT'S EFFORTS TO PRIORITIZE FAMILY-BASED CARE. IN 2018, FUNDACIN APEGO, A COLOMBIAN NGO SUPPORTED BY KIDSAVE, BECAME INDEPENDENT FROM KIDSAVE AND HAS CONTINUED TO LEAD KIDSAVE'S FAMILY VISIT/SUPER AMIGOS AND MAMA MENTORA PROGRAMS. FUNDACIN APEGO SPECIALIZES IN PROTECTING CHILDREN'S RIGHTS AND SUPPORTING VULNERABLE FAMILIES TO PREVENT CHILD ABANDONMENT. KIDSAVE CONTINUES TO COLLABORATE BY OFFERING TRAINING AND SUPPORT, REINFORCING A SHARED COMMITMENT TO SECURING PERMANENT FAMILIES, MENTORSHIP, AND LIFE SKILLS FOR OLDER ORPHANED AND ABANDONED YOUTH. AFRICAIN SIERRA LEONE, KIDSAVE PARTNERS WITH INTEGRATED DEVELOPMENT INITIATIVES (IDI) TO TRANSITION CHILDREN OUT OF ORPHANAGES, WITH A FOCUS ON REUNIFICATION WITH KIN OR PLACEMENT WITH NEW FAMILIES WHEN KINSHIP CARE IS NOT POSSIBLE. KIDSAVE'S SIERRA LEONE PROGRAM MOVES CHILDREN OUT OF ORPHANAGES AND, WHENEVER POSSIBLE, REUNITES THEM WITH EXTENDED FAMILY MEMBERS (KIN). IDI IDENTIFIES FAMILIES THROUGH FAMILY TRACING, CASE MINING AND COMMUNITY EVENTS FOR OLDER ORPHANS WHO BELIEVE THAT THEY HAVE LIVING RELATIVES WHO COULD RAISE THEM. ONCE FAMILIES ARE FOUND, IDI MONITORS PLACEMENTS AND PROVIDES POST-PLACEMENT SUPPORT. MOST OF THE CHILDREN SERVED BY THE SIERRA LEONE PROGRAM LOST THEIR PARENTS DURING THE EBOLA OUTBREAK. IDI'S SERVICES INCLUDE FAMILY TRACING, CASE MINING, CAREGIVER TRAINING, AND MONITORING AT 1-, 3-, AND 6-MONTH INTERVALS. KIDSAVE ALSO PROVIDES CHILDREN WITH SCHOOL SUPPLIES AND COVERS FEES WHEN NEEDED. IN 2024, TWO HUNDRED TEN (210) CHILDREN WERE PLACED WITH KIN OR NEW FAMILIES ACROSS 48 COMMUNITIES IN SIERRA LEONE AND ONE COMMUNITY IN LIBERIA. SEVEN HUNDRED (700) CAREGIVERS, SOCIAL WORKERS, AND STAKEHOLDERS WERE TRAINED IN CHILDREN'S RIGHTS AND CARE, AND HOW TO MONITOR AND PROTECT THEM. NINETY-EIGHT (98) INDIVIDUALS RECEIVED TRAINING IN CASE MONITORING AND REPORTING ON INSTANCES OF ABUSE OR NEGLECT. GENDER-BASED VIOLENCE PREVENTION CLUBS WERE ESTABLISHED IN 18 SCHOOLS. KIDSAVE PROVIDED FUNDING TO IDI TO MAKE REVOLVING MICRO-LOANS TO 84 FAMILIES WHO TOOK IN CHILDREN IN 2024. THESE MICRO-LOANS HELP SUPPORT THEIR SMALL BUSINESSES AND ENSURE THEIR FINANCIAL SECURITY AFTER TAKING IN A CHILD. LOAN REPAYMENT AT THE END OF 2024 WAS 98%, AND PROCEEDS FROM LOAN REPAYMENT WERE USED TO EXPAND THE PROGRAM TO HELP MORE FAMILIES. FAMILIES ALSO RECEIVED SCHOOL SUPPLIES, BEDDING, AND 50 KG OF RICE. SINCE ITS LAUNCH IN 2010, KIDSAVE'S SIERRA LEONE PROGRAM HAS HELPED 1,580 CHILDREN FIND SAFE AND SUPPORTIVE HOMES.

4b (Code:) (Expenses \$ 1,433,639 including grants of \$) (Revenue \$) WEEKEND MIRACLES KIDSAVE'S WEEKEND MIRACLES PROGRAM HELPS OLDER KIDS AND TEENS IN FOSTER CARE (AGES 9-18) FIND HOST FAMILIES, PERMANENT FAMILIES, AND ENDURING MENTORS. THESE CHILDREN HAVE OFTEN SPENT YEARS IN THE CHILD WELFARE SYSTEM, WITH LITTLE REALISTIC HOPE OF ADOPTION OR STABLE ADULT CONNECTION. WEEKEND MIRACLES PROVIDES THESE YOUTH WITH OPPORTUNITIES TO MEET PEOPLE WHO MIGHT BE WILLING TO HOST, MENTOR, OR ADOPT THEM. AT THE CORE OF THE WEEKEND MIRACLES PROGRAM ARE MONTHLY INTERACTIVE EVENTS, WHICH ARE DESIGNED TO MAKE IT EASY AND FUN FOR OLDER CHILDREN AND TEENS IN FOSTER CARE TO MEET NEW PEOPLE. THIS APPROACH INCREASES ENGAGEMENT, BUILDS SELF-CONFIDENCE AND SELF-ESTEEM, AND GIVES YOUTH AGENCY IN THEIR PERMANENCY JOURNEY. 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 GO ON TO ADOPT THE CHILDREN THEY HOST, WHILE OTHERS SERVE AS CATALYSTS- SUPPORTING THE YOUTH AT EVENTS AND INTRODUCING THEM TO POTENTIAL ADOPTIVE FAMILIES WITHIN THEIR COMMUNITIES. REGARDLESS OF THE PATH, THE OVERARCHING GOAL OF WEEKEND MIRACLES IS TO CREATE LASTING, SUPPORTIVE ADULT CONNECTIONS FOR OLDER YOUTH WHO ARE AT RISK OF AGING OUT OF THE FOSTER CARE SYSTEM WITHOUT A FAMILY. BY PROVIDING STRUCTURED OPPORTUNITIES FOR YOUTH TO MEET ADULTS IN A NATURAL AND RELATIONAL SETTING, KIDSAVE REMOVES THE BARRIERS THAT OFTEN PREVENT OLDER YOUTH FROM FINDING PERMANENT HOMES OR COMMITTED MENTORS. LOS ANGELES COUNTY WEEKEND 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 2024 WMLA HOSTED MONTHLY CONNECTION EVENTS, SERVING 79 KIDS. SIXTY-NINE (69) OF THESE YOUTH ACTIVELY PARTICIPATED IN THE LOS ANGELES PROGRAM THROUGHOUT THE YEAR. THIRTY-THREE (33) OF THE 69 (48%) YOUTH HAVE ACHIEVED LEGAL OR RELATIONAL PERMANENCY; 12 YOUTH (36%) ENTERED INTO AN ADOPTIVE MATCH; 3 YOUTH (9%) NOW HAVE LEGAL GUARDIANS; 6 YOUTH (18%) WERE REUNITED WITH BIOLOGICAL FAMILY AND 12 YOUTH (36%) WERE CONNECTED WITH A MENTOR. SINCE OCTOBER 2005 WHEN WMLA WAS LAUNCHED, 645 OLDER FOSTER YOUTH HAVE PARTICIPATED IN THIS PROGRAM. SEVENTY-ONE PERCENT (71%) OF THE FOSTER YOUTH WHO HAVE PARTICIPATED IN WMLA HAVE FOUND ADOPTIVE FAMILIES, DEVOTED MENTORS, OR LEGAL GUARDIANS. HOUSTON WEEKEND MIRACLES HOUSTON (WMH) HOSTED ITS FIRST CONNECTION EVENT IN OCTOBER 2020. SINCE THEN, 150 CHILDREN AND TEENS HAVE BEEN SERVED BY THIS PROGRAM. IN 2024 WMH SERVED 61 FOSTER YOUTH, 42 OF WHOM REMAINED ACTIVE THROUGHOUT THE YEAR. SIXTY PERCENT (60%) OF THE ACTIVE YOUTH WERE CONNECTED TO WEEKEND HOSTS, ADOPTIVE MATCHES, LEGAL GUARDIANS, OR NON-RELATED EXTENDED FAMILY MEMBERS. IN 2024, WMH HELD 15 IN-PERSON CONNECTION EVENTS. THE CHILDREN SERVED BY WMH IN 2024 COME FROM MORE THAN 19 COUNTIES ACROSS TEXAS, SPANNING EIGHT DFPS REGIONS. VIRGINIA IN 2024 KIDSAVE OFFICIALLY EXPANDED ITS WEEKEND MIRACLES PROGRAM INTO THE COMMONWEALTH OF VIRGINIA. THANKS TO A PARTNERSHIP WITH THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES, KIDSAVE NOW SERVES OLDER YOUTH IN FOSTER CARE IN CENTRAL AND NORTHERN VIRGINIA. WE HELD OUR INAUGURAL EVENT IN SPOTSYLVANIA, VIRGINIA IN DECEMBER 2024, SERVING OUR FIRST TWO VIRGINIA FOSTER YOUTH AND THREE FAMILIES.

4c (Code:) (Expenses \$ 470,914 including grants of \$ 24,000) (Revenue \$) SUMMER AND WINTER MIRACLES KIDSAVE'S SUMMER MIRACLES PROGRAM BRINGS OLDER CHILDREN (AGES 9-15) FROM COLOMBIA-WHO ARE UNLIKELY TO BE

ADOPTED IN THEIR HOME COUNTRY TO THE UNITED STATES FOR FAMILY HOSTING VISITS. THESE CHILDREN TYPICALLY RESIDE IN INSTITUTIONAL OR FOSTER CARE AND HAVE NO PROSPECTS OF REUNIFICATION WITH BIOLOGICAL FAMILY MEMBERS. THE PROGRAM PROVIDES THESE CHILDREN WITH A RICH CULTURAL EXPERIENCE AND A UNIQUE OPPORTUNITY TO CONNECT WITH FAMILIES WHO ARE INTERESTED IN ADOPTION. DURING THEIR VISIT, CHILDREN STAY WITH AMERICAN HOST FAMILIES WHO ADVOCATE FOR THEM BY ENGAGING THEIR COMMUNITIES AND PERSONAL NETWORKS TO HELP IDENTIFY PROSPECTIVE ADOPTIVE FAMILIES. WHILE THE CHILDREN ENJOY RECREATIONAL AND BONDING ACTIVITIES, THE PRIMARY GOAL IS TO FIND EACH CHILD A PERMANENT, LOVING FAMILY. IN 2024 KIDSAVE FACILITATED BOTH SUMMER AND WINTER MIRACLES PROGRAMS, BRINGING A TOTAL OF 38 CHILDREN FROM COLOMBIA TO THE U.S. OF THE 38 CHILDREN WHO TRAVELED, 36 WERE FOUND TO BE READY FOR ADOPTION. OF THE 36 CHILDREN WHO WERE OPEN TO ADOPTION, 34 CHILDREN (94%) HAVE BEEN ADOPTED OR HAVE A FAMILY PURSUING THEIR ADOPTION. SINCE THE PROGRAM'S LAUNCH IN 1999, TWO THOUSAND ONE HUNDRED EIGHTY-EIGHT (2,188) OLDER CHILDREN HAVE PARTICIPATED IN THIS PROGRAM. IN ADVANCE OF THE VISITS, KIDSAVE WORKS CLOSELY WITH COLOMBIA'S CHILD WELFARE AGENCY, INSTITUTO COLOMBIANO DE BIENESTAR FAMILIAR (ICBF), TO IDENTIFY CHILDREN SUITABLE FOR THE PROGRAM. KIDSAVE ALSO RECRUITS AND TRAINS AMERICAN HOST FAMILIES, FACILITATING VIRTUAL PRE-VISIT INTRODUCTIONS VIA ZOOM. WHILE IN THE U.S., THE CHILDREN PARTICIPATE IN MANY "FIRSTS"- FUN EVENTS AND OUTINGS INCLUDING AMUSEMENT PARKS, SWIMMING, BOWLING, SPORTS GAMES, AND OTHER EXPERIENCES THAT HELP BUILD TRUST AND CONNECTION WITH THEIR HOST FAMILIES AND COMMUNITIES. AFTER RETURNING TO COLOMBIA, KIDSAVE CONTINUES TO SUPPORT ADOPTIVE FAMILIES AND COLLABORATES WITH PARTNER ADOPTION AGENCIES TO ENSURE CONTINUITY AND SUPPORT. IN 2024 KIDSAVE'S HOSTING COMMUNITIES WERE LED BY VOLUNTEER COORDINATORS IN THE NEW YORK TRI-STATE AREA, DC METRO AREA, MINNESOTA (TWIN CITIES), SOUTHERN CALIFORNIA, AND OTHER COMMUNITIES ACROSS THE U.S. 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 AND WINTER MIRACLES COMMUNITIES, THESE CHILDREN ARE PLACED WITH HOST FAMILIES IN CITIES THROUGHOUT THE CONTINENTAL U.S. OVER TIME, THE COLOMBIAN GOVERNMENT HAS ADOPTED KIDSAVE'S FAMILY VISIT HOSTING MODEL AS ITS PRIMARY STRATEGY FOR FINDING FAMILIES FOR OLDER, HARD-TO-PLACE YOUTH. OVER THE PAST 25 YEARS, MORE THAN 65 PLACEMENT AGENCIES AND NONPROFIT PARTNERS HAVE PARTICIPATED IN HOSTING INITIATIVES MODELED AFTER KIDSAVE'S PROGRAM.

(Code:) (Expenses \$ 1,723,440 including grants of \$) (Revenue \$)

THE EMBRACE PROJECT KIDSAVE LAUNCHED THE EMBRACE PROJECT IN 2022 TO ADDRESS THE OVERREPRESENTATION OF BLACK CHILDREN IN THE FOSTER CARE SYSTEM IN THE UNITED STATES. TO BETTER UNDERSTAND AND BEGIN TO ADDRESS THIS OVERREPRESENTATION, KIDSAVE COLLABORATED WITH THE GALLUP CENTER ON BLACK VOICES ON A SURVEY. OUR REPORT, AMERICANS' VIEWS OF U.S. FOSTER CARE: ELEVATING BLACK AMERICANS' PERSPECTIVES & EXPERIENCES, PUBLISHED IN 2023, IDENTIFIED THE TOP PERCEIVED BARRIERS THAT KEEP ADULTS FROM MENTORING, FOSTERING, OR ADOPTING CHILDREN FROM FOSTER CARE. WITH THIS DATA, KIDSAVE LAUNCHED A COMMUNICATIONS CAMPAIGN TO RAISE AWARENESS REGARDING THE OVERREPRESENTATION OF BLACK CHILDREN IN THE FOSTER CARE SYSTEM, THE TRUTH BEHIND COMMON MISCONCEPTIONS ABOUT MENTORING, FOSTERING, AND ADOPTING KIDS IN THE FOSTER CARE SYSTEM, AND THE AVAILABILITY OF PROGRAMS AND RESOURCES THAT MAKE THESE ACTIVITIES ACCESSIBLE. IN 2024 WE PUBLISHED SUPPLEMENTARY REPORTS TO THE ORIGINAL KIDSAVE-GALLUP STUDY. WE ALSO PUBLISHED SECONDARY ANALYSIS REPORTS FROM THE 2023 KIDSAVE-GALLUP STUDY FOCUSED ON SURVEY RESPONSES FROM ADULTS IN CALIFORNIA AND TEXAS, THE LGBT COMMUNITY, AND THE HISPANIC/LATINX COMMUNITY. WHILE THE EMBRACE PROJECT WAS INSPIRED BY A NEED TO ADDRESS THE OVERREPRESENTATION OF BLACK KIDS IN CARE, OUR FINDINGS SUPPORT THE NEED TO ADDRESS BARRIERS TO MENTORING, FOSTERING, AND ADOPTING CHILDREN OF ALL BACKGROUNDS. TO ADDRESS THESE FINDINGS, KIDSAVE DEVELOPED A PILOT CULTURAL RESPONSIVENESS TRAINING PROGRAM TO PROVIDE FOSTER AND ADOPTIVE FAMILIES WITH THE KNOWLEDGE AND RESOURCES NEEDED TO CARE FOR CHILDREN OF DIVERSE BACKGROUNDS AND NAVIGATE HISTORICAL CHALLENGES WITHIN THE CHILD WELFARE SYSTEM. LAUNCHED IN 2024, THIS TRAINING IS NOW MANDATORY FOR ALL NEW KIDSAVE FAMILIES IN OUR WEEKEND MIRACLES PROGRAMS IN LOS ANGELES COUNTY, HOUSTON, AND THE COMMONWEALTH OF VIRGINIA. COLLABORATIVE PARTNERSHIPS IN 2024 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, (2) THE PERMANENCY COLLABORATION COMMITTEE, (3) CASA OF LOS ANGELES, (4) FOSTERALL; (5) FOSTER TOGETHER NETWORK (FTN); (6) FTN'S EQUITY COMMITTEE; (7) FOSTERMORE; AND (8) RAISEACHILD. KIDSAVE ALSO DEVELOPED STRONG RELATIONSHIPS WITH LOCAL FOSTER FAMILY AGENCIES: PENNYLANE, ALLIES FOR EVERY CHILD AND AVIVA, AS WELL AS WITH THE FOLLOWING MENTORING ORGANIZATIONS: YOUTH MENTORING NEXUS, BE A MENTOR, AND THE CALIFORNIA MENTORING PARTNERSHIP. IN 2024 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 COALITION OF CHILD SERVING SECTORS (CCSS) COMMUNITY ADVISORY COMMITTEE, AND THE REGION 6 CCSS BUILDING CAPACITY COMMITTEE. KIDSAVE ALSO HAD MEMORANDUM OF UNDERSTANDING, AN AGREEMENT OF TWO OR MORE PARTIES) WITH HEARTS WITH HOPE GRO/RTC, OPEN ARMS, OPEN HEARTS GRO/RTC, AND THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS). ADDITIONALLY, PROGRAM DIRECTOR TABITHA CHARLTON IS SERVING A FOUR-YEAR TERM ON THE 15-MEMBER STATEWIDE INAUGURAL PARTNERS FOR CHILDREN AND FAMILIES COMMITTEE(PCFC). IN HER ROLE ON THE PCFC, SHE ALSO IS SERVING A TWO-YEAR TERM ON THE PLACEMENT SUBCOMMITTEE. IN HOUSTON, KIDSAVE PARTNERED WITH THE FOLLOWING CHILD PLACEMENT AGENCIES IN 2024: THE SANCTUARY, ARROW CHILD & FAMILY SERVICES, AND ARMS WIDE. KIDSAVE ALSO COLLABORATED WITH NUMEROUS ADDITIONAL GRO/RTC ORGANIZATIONS, NGOS, AND CHILD PLACEMENT AGENCIES. IN 2024 KIDSAVE ENTERED A PARTNERSHIP WITH THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES (VDSS) TO LAUNCH OUR WEEKEND MIRACLES PROGRAM IN NORTHERN AND CENTRAL VIRGINIA. IN 2024 IN ADDITION TO VDSS, OUR PARTNERS FOR WEEKEND MIRACLES VIRGINIA INCLUDED PROJECT BELONG, PATHS FOR FAMILIES, JEWISH FAMILY SERVICES, AND CAKE4KIDS. 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 2024 KIDSAVE'S ADVOCACY IMAGES ON SOCIAL MEDIA PLATFORMS REGULARLY REACHED 42,800 FOLLOWERS, 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 2024 - ONE IN LOS ANGELES AND THE OTHER IN WASHINGTON, DC. OTHER EVENTS KIDSAVE HELD IN 2024 INCLUDE A GOLF TOURNAMENT IN LOS ANGELES AND HIKES FOR FOSTER YOUTH IN CALIFORNIA, (LOS ANGELES AND LOS GATOS), HOUSTON, TX, AND WASHINGTON, DC.

4d	Other program services (Describe in Schedule O.)	(Expenses \$ 1,723,440 including grants of \$) (Revenue \$)
4e	Total program service expenses	4,641,681

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions 11a-e and 14a-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)

Table with 17 main rows and multiple sub-rows (a-e). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17), and Yes/No/blank response cells.

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... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

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. 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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) ALLYSON B BAKER DIRECTOR	1.00	X						0	0	0
(2) AUTUMN RONDA DIRECTOR	1.00	X						0	0	0
(3) CASEY JENKINS DIRECTOR	1.00	X						0	0	0
(4) CLAIRE N LUCAS DIRECTOR	1.00	X						0	0	0
(5) CORRIE BURKS DIRECTOR	1.00	X						0	0	0
(6) ELIZABETH DRESING DIRECTOR	1.00	X						0	0	0
(7) ELIZABETH GLASER DIRECTOR	1.00	X						0	0	0
(8) ELLA MARIE SCHIRALLI DIRECTOR	1.00	X						0	0	0
(9) JAMES J KILCOURSE DIRECTOR	2.00	X						0	0	0
(10) JONI NOEL CO-CHAIR	5.00	X			X			0	0	0
(11) KELLY O'NEIL DIRECTOR	1.00	X						0	0	0
(12) LIZ KING DIRECTOR	1.00	X						0	0	0
(13) MARK GREEN DIRECTOR	1.00	X						0	0	0
(14) MICHAEL F BYRNE DIRECTOR	1.00	X						0	0	0
(15) PETER MILLER TREASURER	2.00	X						0	0	0
(16) SHANNON SCOTT-PAUL CO-CHAIR	5.00	X			X			0	0	0
(17) TANIA CHEATER DIRECTOR	1.00	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) DAVE GULEZIAN DIRECTOR	1.00	X					0	0	0
(19) LIDIJA GAIDUK DIRECTOR	1.00	X					0	0	0
(20) STEPHEN BENDER DIRECTOR	1.00	X					0	0	0
(21) JOSHUA GLASER DIRECTOR	1.00	X					0	0	0
(22) RANDI THOMPSON CHIEF EXECUTIVE OFFICER	40.00			X			210,995	0	17,531
(23) EDWARD HANNAN VICE PRESIDENT AND DIRECTO	40.00				X		190,996	0	10,676
(24) LAUREN REICHER GORDON SENIOR VP AND DIRECTOR OF	40.00				X		171,115	0	14,682
(25) ELIZABETH CROZER DIRECTOR OF DEVELOPMENT	40.00				X		122,723	0	14,960
(26) KIMBERLY PRINCE DIRECTOR OF MAARKETING AND COMMUNICATIONS	40.00				X		131,672	0	0
(27) JENNIFER SAMMIS DIRECTOR	40.00				X		128,903	0	269
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						956,404	0	58,118	

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 **6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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	
5 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
TATIANA STAFFORD 2872 DELAMAR DRIVE DUBLIN, CA 94568	PROGRAM CONSULTANT	118,500
GLOBAL SITUATION ROOM INC 805 CAMERON STREET ALEXANDRIA, VA 22314	MANAGEMENT CONSULTING	117,500
GALLUP INC 1001 GALLUP DRIVE OMAHA, NE 68102	MANAGEMENT CONSULTING	101,150

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 **3**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c	296,023	
d Related organizations		1d		
e Government grants (contributions)		1e	625,851	
f All other contributions, gifts, grants, and similar amounts not included above		1f	3,405,416	
g Noncash contributions included in lines 1a - 1f:\$		1g	4,500	
h Total. Add lines 1a-1f				4,327,290

Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f	All other program service revenue.				
g Total.	Add lines 2a-2f.				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		92,691		92,691	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,052,283			
		(ii) Other				
		7b Less: cost or other basis and sales expenses	1,052,283			
		7c Gain or (loss)	0			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 296,023 of contributions reported on line 1c). See Part IV, line 18					
		8a		519,182		
8b Less: direct expenses			519,182			
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	9b Less: direct expenses					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	10b Less: cost of goods sold					
c Net income or (loss) from sales of inventory						
OtherRevenueMiscAmt	11a OTHER INCOME	Business Code				
		900099	4,304		4,304	
	b					
	c					
	d All other revenue					
e Total.	Add lines 11a-11d		4,304			
12 Total revenue.	See instructions		4,424,285	0	0	
					96,995	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	24,000	24,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	97,456	97,456		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,014,521	842,889	148,847	22,785
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	901,146	869,134	20,427	11,585
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,868	9,867	2,588	413
9 Other employee benefits	141,839	125,949	14,022	1,868
10 Payroll taxes	150,140	126,689	21,068	2,383
11 Fees for services (non-employees):				
a Management				
b Legal	17,224	16,666	318	240
c Accounting	132,519	53,601	77,857	1,061
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	727,112	682,665	4,173	40,274
12 Advertising and promotion	564,125	450,609	128	113,388
13 Office expenses	386,135	359,948	9,969	16,218
14 Information technology				
15 Royalties				
16 Occupancy	85,562	81,387	2,386	1,789
17 Travel	207,673	206,345	719	609
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	172,071	137,511	7,993	26,567
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	24,856	23,971	506	379
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HUMANITARIAN AID	331,553	331,553		
b SUPPLIES	188,720	173,257	4,795	10,668
c MIRACLES CONSTRUCTION	187,643	187,643		
d RESEARCH FUNDING	101,150	101,150		
e All other expenses	-348,240	-260,609	9,294	-96,925
25 Total functional expenses. Add lines 1 through 24e	5,120,073	4,641,681	325,090	153,302
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	597,212	477,770	0	119,442

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
Assets	1 Cash-non-interest-bearing	2,860,908	1	1,850,365
	2 Savings and temporary cash investments	768,221	2	1,035,895
	3 Pledges and grants receivable, net	241,229	3	338,988
	4 Accounts receivable, net		4	201,770
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	60,201	9	15,395
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		
	b Less: accumulated depreciation	0	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	142,602	15	80,512
16 Total assets: Add lines 1 through 15 (must equal line 33)	4,073,161	16	3,522,925	
Liabilities	17 Accounts payable and accrued expenses	59,620	17	243,330
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	136,644	25	69,829	
26 Total liabilities. Add lines 17 through 25	196,264	26	313,159	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,517,114	27	2,238,214
	28 Net assets with donor restrictions	1,359,783	28	971,552
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,876,897	32	3,209,766
33 Total liabilities and net assets/fund balances	4,073,161	33	3,522,925	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,424,285
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,120,073
3	Revenue less expenses. Subtract line 2 from line 1	3	-695,788
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,876,897
5	Net unrealized gains (losses) on investments	5	28,657
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	3,209,766

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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	
2c	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.		No
3a	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
3b	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 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:

- 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		
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,100,610	2,679,143	7,206,248	4,242,840	4,846,472	21,075,313
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	2,100,610	2,679,143	7,206,248	4,242,840	4,846,472	21,075,313
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						3,464,830
6 Public support. Subtract line 5 from line 4.						17,610,483

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	2,100,610	2,679,143	7,206,248	4,242,840	4,846,472	21,075,313
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,069	38,599	129,299	92,691	262,658
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	878					878
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,077	296	189,494	250	4,304	200,421
11 Total support. Add lines 7 through 10						21,539,270
12 Gross receipts from related activities, etc. (see instructions)					12	466,201
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	81.760 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	76.870 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 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; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 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 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2024; Row 19b: 33 1/3% support tests-2023; Row 20: Private foundation.

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	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	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 Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	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	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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 Part VI .		
7	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).		
8	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).		
9a	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 Part VI .		
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 Part VI .		
c	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 Part VI .		
10a	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	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 IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?

	Yes	No
11a		
11b		
11c		
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

Section B. Type I Supporting Organizations

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

	Yes	No
1		
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

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

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 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) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

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

- 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
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization KIDSAVE INTERNATIONAL INC	Employer identification number 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 33¹/₃% 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<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
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(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
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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.

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

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)		
Total. (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)		
Total. (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)	
Total. (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	69,829
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	69,829

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.

1	Total revenue, gains, and other support per audited financial statements		1	5,105,243
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	28,657	
b	Donated services and use of facilities	2b	133,119	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	519,182	
e	Add lines 2a through 2d		2e	680,958
3	Subtract line 2e from line 1		3	4,424,285
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,424,285

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.

1	Total expenses and losses per audited financial statements		1	5,772,374
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	133,119	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	519,182	
e	Add lines 2a through 2d		2e	652,301
3	Subtract line 2e from line 1		3	5,120,073
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,120,073

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, 2024. 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 REVENUE 519,182.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 519,182.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

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 for instructions and the latest information.**

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)	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN, BELARUS, GEORGIA, KAZA	0	0	PROGRAM SERVICES, GRANTMAKING	PAYMENT MADE FOR SALARIES FOR THE EMPLOYEES	46,106
(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.	51,350
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			97,456
b	Total from continuation sheets to Part I	0	0			0
c	Totals (add lines 3a and 3b)	0	0			97,456

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)		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, BURUNDI, CAMERO	PAYENTS MADE FOR THE SIERRA LEONE PROJECT AFRICA, KIDS WITH EBOLA - TO HELP KIDS WHOSE PARENTS DIED FROM EBOLA WHO ARE STILL LIVING IN AN INTERIM CARE CENTRE OR AN ORPHANAGE FIND A PERMANENT FAMILY.	51,350	WIRE TRANSFER	0		
(2)		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN, BELARUS, GEORGIA, KAZA	PAYMENT MADE FOR SALARIES FOR THE EMPLOYEES	46,106	WIRE TRANSFER	0		
(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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) 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 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.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 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 SST PRODUCTIONS INC 321 N PASS AVE BURBANK, CA 91505	DEVELOPMENT ASSISTANCE, GRANT WRITING		No	0	13,350	-13,350
2 FURTHER LLC 181 HARRY S TRUMAN PKWY SUITE 265 ANNAPOLIS, MD 21401	MARKETING AND FUNDRAISING STRATEGIES		No	0	74,444	-74,444
3 GRAVITY TECHNOLOGIES INC 22 RICH VALLEY ROAD WAYLAND, MA 01778	SCALED OUTREACH, QUALIFY PROSPECTS AND STEWARD EXISTING DONO		No	0	30,000	-30,000
4						
5						
6						
7						
8						
9						
10						
Total					117,794	-117,794

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
		NATIONAL GALA (event type)	LA GOLF 2024 (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	690,611	124,594		815,205
	2 Less: Contributions	317,994	-21,971		296,023
	3 Gross income (line 1 minus line 2)	372,617	146,565		519,182
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	99,282	31,972		131,254
	8 Entertainment	18,424	500		18,924
	9 Other direct expenses	254,911	114,093		369,004
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				519,182
	11 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 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

Instructions.

Return Reference

Explanation

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

**Schedule I
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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) LA CASA FRIENDS INC 155 OCEAN LEANE DRIVE KEY BISCAYNE, FL 33149	23-7257390	501C(3)	24,000	0			PAID FOR IN-COUNTY SUPPORT FOR THE SUMMER COLOMBIA MIRACLES PRGRAM

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

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

Return to Form

Software ID:
Software Version:

Schedule J

(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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.

- First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
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)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

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				
1 RANDI THOMPSON CHIEF EXECUTIVE OFFICER	(i)	210,995	0	0	6,955	10,576	228,526	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 EDWARD HANNAN VICE PRESIDENT AND DIRECTO	(i)	190,996	0	0	7,662	3,014	201,672	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 LAUREN REICHER GORDON SENIOR VP AND DIRECTOR OF	(i)	171,115	0	0	5,066	9,616	185,797	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

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)(Rev. January 2025)
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 for instructions and the latest information.**

OMB No. 1545-0047

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

91-1887623

Return Reference	Explanation
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 662,274. MANAGEMENT AND GENERAL EXPENSES 1,176. FUNDRAISING EXPENSES 39,902. TOTAL EXPENSES 703,352. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 20,391. MANAGEMENT AND GENERAL EXPENSES 2,997. FUNDRAISING EXPENSES 372. TOTAL EXPENSES 23,760.
FORM 990 PAGE 1 PART B - AMENDED RETURN	THE FINANCIAL INFORMATION PREVIOUSLY REPORTED IN THE ORIGINAL RETURN DID NOT CONTAIN JOINT COST DATA. AS A RESULT, THE RETURN IS BEING AMENDED. THIS AMENDED RETURN CONTAINS THE FOLLOWING CHANGES TO THE AMOUNTS PREVIOUSLY REPORTED IN THE ORIGINAL RETURN: PART I SECTION B CHANGED TO AMENDED RETURN PART III LINE 4D WAS CHANGED FROM \$1,619,604 TO \$1,723,440 LINE 4E WAS CHANGED FROM \$4,537,845 TO \$4,641,681 PART IX LINE 24 E COLUMN B CHANGED FROM -\$364,445 TO -\$260,609 LINE 24 E COLUMN C CHANGED FROM \$6,911 TO -\$96,925 LINE 25 COLUMN B CHANGED FROM \$4,537,845 TO \$4,641,681 LINE 25 COLUMN C CHANGED FROM \$257,138 TO \$153,302 LINE 26 COLUMN A CHANGED FROM \$0 TO \$597,212 LINE 26 COLUMN B CHANGED FROM \$0 TO \$477,770 LINE 26 COLUMN C CHANGED FROM \$0 TO \$119,442
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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