

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization
KIDSAVE INTERNATIONAL
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5165 MACARTHUR BOULEVARD NW
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20016

D Employer identification number
91-1887623

E Telephone number
202-237-7283

F Accounting method Cash Accrual
 Other (specify) _____

G Website: **WWW.KIDSAVE.ORG**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,811,133.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,503,819.	
	b	Indirect public support	1b	13,434.	
	c	Government contributions (grants)	1c	181,672.	
	d	Total (add lines 1a through 1c) (cash \$ 1,698,925. noncash \$ _____)	1d	1,698,925.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	5,920.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
Revenue	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8d
		Less: cost or other basis and sales expenses	8a		
		Gain or (loss) (attach schedule)	8b		
		Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 300,837. of contributions reported on line 1a)	9a	95,941.	9c
	b	Less: direct expenses other than fundraising expenses	9b	212,319.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 1	
Revenue	a	Gross sales of inventory, less returns and allowances	10a	4,329.	10c
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STMT 2	
11	Other revenue (from Part VII, line 103)	11	6,018.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,598,814.		
Expenses	13	Program services (from line 44, column (B))	13	1,806,274.	
	14	Management and general (from line 44, column (C))	14	208,057.	
	15	Fundraising (from line 44, column (D))	15	166,778.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	2,181,109.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<582,295.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	687,288.	
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<1.>	

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>118,489</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	22	118,489.	118,489.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. **	25	356,337.	284,458.	36,611.	35,268.
26 Other salaries and wages	26	540,534.	424,710.	18,530.	97,294.
27 Pension plan contributions	27				
28 Other employee benefits	28	82,690.	64,970.	2,836.	14,884.
29 Payroll taxes	29	78,043.	61,319.	2,677.	14,047.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	13,353.	11,929.		1,424.
34 Telephone	34	43,569.	31,689.	11,880.	
35 Postage and shipping	35	38,755.	27,021.	10,276.	1,458.
36 Occupancy	36	128,101.	92,247.	35,854.	
37 Equipment rental and maintenance	37	48,589.	33,235.	15,144.	210.
38 Printing and publications	38	41,842.	33,821.	7,040.	981.
39 Travel	39	382,309.	360,274.	22,035.	
40 Conferences, conventions, and meetings	40	14,504.	13,313.	1,067.	124.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	1,646.		1,646.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	292,348.	248,799.	42,461.	1,088.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,181,109.	1,806,274.	208,057.	166,778.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 8,150. ; (ii) the amount allocated to Program services \$ 4,398. ;

(iii) the amount allocated to Management and general \$ 0. ; and (iv) the amount allocated to Fundraising \$ 3,752.

** SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a MIRACLES PROGRAM - CONDUCTED IN US AND RUSSIA. PROGRAMS TO BRING ORPHANED CHILDREN TO THE US FOR SUMMER AND WEEKEND VISITS SO THE CHILDREN CAN GET TO KNOW FAMILIES IN THE US WHO ARE CONSIDERING ADOPTION ALTERNATIVES.	
(Grants and allocations \$ 118,489.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,370,609.
b LIFE SKILLS TRAINING PROGRAM PROGRAM TO HELP OLDER CHILDREN IMPROVE THEIR LIVES BY LEARNING NEW LIFE SKILLS, PARENTING SKILLS, AND ALLOWING THEM ACCESS TO MENTORS AND COUNSELORS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	143,408.
c ADVOCACY EVENTS PROGRAM PROGRAM CONSISTING ON LUNCHEONS, GOLF TOURNAMENTS, AND GALAS, AND OTHER EVENTS TO EDUCATE AND PROMOTE THE BASIC PROGRAMS OF THE ORGANIZATION.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	275,999.
d COLUMBIA PROGRAM PROGRAM TO MENTOR, HOST, AND SUPPORT ADOPTION AND FOSTER CARE EFFORTS IN COLUMBIA VIA SUPPORT AND TRAINING OF FAMILIES WHO SHOW AN INTEREST IN THE PROGRAM.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	16,258.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,806,274.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	855,515.	46	35,148.
	47 a	Accounts receivable	47a	192,678.	
	b	Less: allowance for doubtful accounts	47b		47c
				17,043.	192,678.
	48 a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b		48c
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees, and key employees			50
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges			53
	54	Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		7,059.	54
55 a	Investments - land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation	55b		55c	
56	Investments - other			56	
57 a	Land, buildings, and equipment: basis	57a	8,551.		
b	Less: accumulated depreciation STMT 9	57b	5,278.	57c	
58	Other assets (describe SEE STATEMENT 10)		2,409.	58	
59	Total assets (must equal line 74). Add lines 45 through 58		882,026.	59	
			68,720.	60	
Liabilities	61	Accounts payable and accrued expenses		61	
	62	Grants payable		62	
	63	Deferred revenue		63	
	64 a	Loans from officers, directors, trustees, and key employees		64a	
	b	Tax-exempt bond liabilities		64b	
	65	Mortgages and other notes payable		65	
	65	Other liabilities (describe SEE STATEMENT 11)		126,018.	65
66	Total liabilities. Add lines 60 through 65		194,738.	66	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	97,298.	67	11,964.
	68	Temporarily restricted	589,990.	68	93,028.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		687,288.	73	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		882,026.	74	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for reconciliation of revenue. Total revenue is 1,598,814.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for reconciliation of expenses. Total expenses are 2,181,109.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. One row is filled with 'SEE STATEMENT 13'.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>0</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d	Does the organization have a written conflict of interest policy?	75d	X

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

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85b N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 14</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	12
91 a	The books are in care of <u>KIDSAVE INTERNATIONAL</u> Telephone no. <u>202-237-7283</u> Located at <u>5165 MACARTHUR BLVD NW, WASHINGTON, DC</u> ZIP + 4 <u>20016</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>SEE STATEMENT 15</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>SEE STATEMENT 16</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>0.</u>	92	0.

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,920.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	<116,378.>	
102 Gross profit or (loss) from sales of inventory			05	4,329.	
103 Other revenue:					
a MISCELLANEOUS			01	6,018.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		<100,111.>	0.
105 Total (add line 104, columns (B), (D), and (E))					<100,111.>

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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

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

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

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a contract described in section 501(c)(17)?
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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 furnished by the taxpayer. Preparer's name (if self-employed), address, and ZIP + 4

Signature of officer: *[Signature]* Date: 3/29

Preparer's signature: *[Signature]* CPA

Firm's name (or yours if self-employed), address, and ZIP + 4: TWV ASSOCIATES LLC, PO BOX 10404, ROCKVILLE, MARYLAND 208

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization KIDSAVE INTERNATIONAL	Employer identification number 91 1887623
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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

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

Part III Statements About Activities (See page 2 of the instructions.)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>5,167.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

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

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

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,037,481.	1,677,707.	1,412,313.	1,326,034.	6,453,535.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,168.				3,168.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,260.	5,202.	5,846.	7,478.	21,786.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		10,972.	SEE STATEMENT 18 8,502.	8,965.	28,439.
23 Total of lines 15 through 22	2,043,909.	1,693,881.	1,426,661.	1,342,477.	6,506,928.
24 Line 23 minus line 17	2,040,741.	1,693,881.	1,426,661.	1,342,477.	6,503,760.
25 Enter 1% of line 23	20,439.	16,939.	14,267.	13,425.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 738,000. (2003) 860,000. (2002) 504,391. (2001) 456,000.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 6,453,535. 16 _____ 17 3,168. 20 _____ 21 _____					27c 6,456,703.
d Add: Line 27a total 2,558,391. and line 27b total 0.					27d 2,558,391.
e Public support (line 27c total minus line 27d total)					27e 3,898,312.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 6,506,928.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 59.9102%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .3348%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	5,167.
38	Total lobbying expenditures (add lines 36 and 37)	38	5,167.
39	Other exempt purpose expenditures	39	2,175,942.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	2,181,109.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	259,055.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	64,764.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	259,198.	255,626.	0.	0.	514,824.
46					772,236.
47	5,167.	814.	0.	0.	5,981.
48	64,800.	63,907.	0.	0.	128,707.
49					193,061.
50					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

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

Yes	No	Amount
		0.

i Total lobbying expenditures (Add lines c through h.)
 If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS EVENTS, GALAS, & GOLF	396,778.	300,837.	95,941.	212,319.	<116,378.>
TO FM 990, PART I, LINE 9	396,778.	300,837.	95,941.	212,319.	<116,378.>

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	4,329	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		4,329
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		4,329

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
ROUNDING ADJUSTMENT	<1.>
TOTAL TO FORM 990, PART I, LINE 20	<1.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADOPTION ASSISTANCE	4,883.	4,883.	0.	0.
DATABASE SUPPORT	9,970.	6,558.	3,412.	0.
BAD DEBT EXPENSE	5,264.	5,010.	254.	0.
ADVERTISING	2,291.	1,647.	149.	495.
BANK CHARGES	16,949.	13,731.	3,193.	25.
CONTRACTORS	124,045.	115,105.	8,940.	0.
LICENSES, TAXES & FEES	12,478.	10,050.	2,105.	323.
DUES & SUBSCRIPTIONS	3,007.	2,795.	132.	80.
INSURANCES	25,639.	21,052.	4,587.	0.
PROFESSIONAL FEES	13,633.	10,722.	2,911.	0.
OFFICE EXPENSES	41,695.	26,453.	15,242.	0.
TRANSLATION	3,725.	3,617.	108.	0.
TRAINING & RECRUITMENT	1,720.	1,317.	403.	0.
PROFESSIONAL DEVELOPMENT	1,108.	789.	319.	0.
MISCELLANEOUS PROGRAM EXPENSES	25,070.	25,070.	0.	0.
MISCELLANEOUS OTHER EXPENSES	871.		706.	165.
TOTAL TO FM 990, LN 43	292,348.	248,799.	42,461.	1,088.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RANDI THOMPSON	137,882.	0.	0.	137,882.
A. PROGRAM SERVICES	99,509.			99,509.
B. MANAGEMENT AND GENERAL	33,299.			33,299.
C. FUNDRAISING	5,074.			5,074.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TERRY BAUGH	138,000.	0.	0.	138,000.
A. PROGRAM SERVICES	104,494.			104,494.
B. MANAGEMENT AND GENERAL	3,312.			3,312.
C. FUNDRAISING	30,194.			30,194.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LAUREN REICHER-GORDON	80,455.	0.	0.	80,455.
A. PROGRAM SERVICES	80,455.			80,455.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				284,458.
TOTAL MANAGEMENT AND GENERAL				36,611.
TOTAL FUNDRAISING				35,268.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>356,337.</u>

 FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
PROGRAM SUPPORT	BEREGINYA-SMOLENSK RUSSIA		NONE	10,204.
PROGRAM SUPPORT	FAMILY STIPENDS		NONE	1,072.
PROGRAM SUPPORT	RADI BUDUSHEVA GRANT - ST PETERSBURG, RUSSIA		NONE	41,546.
PROGRAM SUPPORT	RIGHT OF THE CHILE		NONE	37,500.
PROGRAM SUPPORT	ST PETERSBURG SECURE FUTURES CENTER		NONE	27,858.
PROGRAM SUPPORT	OTHER		NONE	309.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>118,489.</u>

 FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
 PART III

EXPLANATION

TO END HARMFUL INSTITUTIONALIZATION OF CHILDREN VIA SUCCESSFUL MODELS TO MOVE CHILDREN OUT OF ORPHANAGES AND FOSTER CARE INTO PERMANENT FAMILY SETTINGS.

FORM 990 **NON-GOVERNMENT SECURITIES** **STATEMENT 8**

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			11,491.	11,491.
TO FORM 990, LINE 54, COL B				11,491.	11,491.

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT 9**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE, FIXTURES & EQUIPMENT	8,551.	5,278.	3,273.
TOTAL TO FORM 990, PART IV, LN 57	8,551.	5,278.	3,273.

FORM 990 **OTHER ASSETS** **STATEMENT 10**

DESCRIPTION	AMOUNT
DEPOSITS	4,072.
RESTRICTED CASH FOR ADOPTION ASSISTANCE	11,131.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	15,203.

FORM 990 **OTHER LIABILITIES** **STATEMENT 11**

DESCRIPTION	AMOUNT
DEFERRED PAYMENTS & SPONSORSHIPS	78,018.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	78,018.

Kidsave International
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Form 990

Statement 12 - Other Expenses Not Included on Form 990

<u>Description</u>	<u>Amount</u>
Expenses on Line 9B	212,319
Rounding Adjustment	1
	212,320

Statement 13 - Form 990, Part V-A - List of Officers, Directors, Trustees and Key Employees

<u>Name and Address</u>	<u>Title and Average Hrs/Week</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contributions</u>	<u>Expense Account</u>
Henry E. Cole Medical Security, Inc. 1300 Pennsylvania Ave., Ste. 700 Washington, DC 20004	Director/ one hr/wk	0	0	0
Ken Crerar Council of Ins. Agents & Brokers 701 Pennsylvania Ave. NW Suite 750 Washington, DC. 20004	Director/ one hr/wk	0	0	0
Benny Cukier Group Travel Associates, Inc. 501 Marin Street. Suite 109 Thousand Oaks, CA. 91360	Director/ one hr/wk	0	0	0
Tara Kalagher Giunta Paul, Hastings, Janofsky & Walker 875 15 th St. NW, 12 th Floor Washington, DC. 20005	Director/ one hr/wk	0	0	0
James J. Kilcourse Amgen Inc. Amgen Mailstop 90-2-B One Amgen Center Dr. Thousand Oaks, CA. 91320	Director/ one hr/wk	0	0	0

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Name and Address	Title and Average Hrs/Week	Compensation	Employee Benefit Plan Contributions	Expense Account
Catherine Kelly 7819 Montvale Way McLean, VA. 22102	Director/ one hr/wk	0	0	0
Karen A. Johnson 2600 Dewitt Avenue Alexandria, VA. 22301	Director/ one hr/wk	0	0	0
Margaret Heimbold Summerville Media 3254 N Street NW Washington, DC. 20007	Director/ one hr/wk	0	0	0
Ron LeGrand Director African American Membership AARP 601 E Street NW Washington, DC. 20049	Director/ one hr/wk	0	0	0
Edward W. Maibach 11828 Beekman Place. Potomac, MD. 20854	Co-Chair/ one hr/wk	0	0	0
Dean Marks Warner Bros. Entertainment Inc. 4000 Warner Blvd. Burbank, CA. 91522	Director/ one hr/wk	0	0	0
Elizabeth McMaster, CPA McMaster & Associates 1776 Massachusetts Ave., NW Suite 201 Washington, DC. 20036	Director/ one hr/wk	0	0	0
Len Simon Simon & Company, Inc. 1660 L Street NW Suite 1050 Washington, DC. 20036	Director/ one hr/wk	0	0	0

Kidsave International
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Name and Address	Title and Average Hrs/Week	Compensation	Employee Benefit Plan Contributions	Expense Account
Peter Schwartz 9701 Wilshire Blvd., 10 th Floor Beverly Hills, CA. 90212 310-277-2535	Director/ one hr/wk	0	0	0
Gerald A. (Jerry) Porter CRESA Partners 11726 San Vicente Blvd Suite 500 Los Angeles, CA. 90049	Co-Chair/ one hr/wk	0	0	0
Mabel P. Phifer, Ph.D. Int'l Telecommunications Services Inc. 2492 Freetown Drive Reston, VA 20191	Director/ one hr/wk	0	0	0
Pat Van Scoyoc Weichert Realty 131 Yarnick Rd. Great Falls, VA. 22066	Director/ one hr/wk	0	0	0
Robert Woodruff ABC News 47 W 66 th St. New York, NY. 10023	Director/ one hr/wk	0	0	0
Lauren Reicher-Gordon Kidsave International 11835 W. Olympic Blvd., # 295 Los Angeles, CA 90064	Corporate Secretary Program Director 50 hours/week	80,455	0	0
R. Terry Baugh President Kidsave International 5165 MacArthur Blvd., NW Washington, DC 20016	President/ 50 hrs/ wk	138,000	0	0

Kidsave International
Filer EIN: 91-1887623
Form 990

Name and Address	Title and Average Hrs/Week	Compensation	Employee Benefit Plan Contributions	Expense Account
Kidsave International 11835 W. Olympic Blvd., # 295 Los Angeles, CA 90064	50 hrs/week			
Totals included on Form 990, Part V-A:		218,455	-	-

STATEMENT 14

Form 990, Part VI, Line 90 - LIST OF STATES RECEIVING COPY OF RETURN

STATES

CA, CT, DC, GA, MD, MA, MI, MT, NH, NY, NJ, OH, TX, VA, UT, TN

STATEMENT 15

Form 990, NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

Colombia
Russia

STATEMENT 16

Form 990, NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS AN OFFICE

NAME OF COUNTRY

Colombia
Russia

FOOTNOTES

STATEMENT 17

PART VI-A, LINE 45-LINE 50, COLUMN C AND D
NO AMOUNTS ENTERED. ORGANIZATION DID NOT HAVE IN
TAX YEARS 2003 AND 2002.

SCHEDULE A	OTHER INCOME			STATEMENT 18
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DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	0.	10,972.	8,502.	8,965.
TOTAL TO SCHEDULE A, LINE 22	0.	10,972.	8,502.	8,965.
