

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2009

Prepared for	Kidsave International, Inc. 5185 Macarthur Boulevard NW No. 108 Washington, DC 20016
Prepared by	Drolet and Associates, PLLC 1901 L Street, NW, Suite 250 Washington, DC 20036
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KIDSAVE INTERNATIONAL, INC. Doing Business As		D Employer identification number 91-1887623
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5185 MACARTHUR BOULEVARD NW 108	E Telephone number 202-237-7283	
City or town, state or country, and ZIP + 4 WASHINGTON, DC 20016		G Gross receipts \$ 2,125,227.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
F Name and address of principal officer: TERRY BAUGH ADDRESS: SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.KIDSAVE.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
		L Year of formation: 1997		M State of legal domicile: DC

COPY

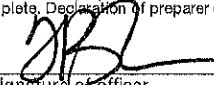
Part I Summary

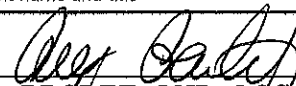
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: KIDSAVE WORKS TO CHANGE THE LIVES OF ORPHANS AND CHILDREN IN FOSTER CARE WHO ARE OFTEN LEFT
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 21
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 21
	5	Total number of employees (Part V, line 2a) 5 20
	6	Total number of volunteers (estimate if necessary) 6 43
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.

		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h) 3,515,742.	2,104,498.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,341.	1,530.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,233.	19,199.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,526,316.	2,125,227.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 27,000.	4,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,468,407.	1,100,690.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) 143,484.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,809,259.	1,142,406.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,304,666.	2,247,096.
	19	Revenue less expenses. Subtract line 18 from line 12 221,650.	-121,869.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 666,444.	423,184.
	21	Total liabilities (Part X, line 26) 287,427.	166,036.
	22	Net assets or fund balances. Subtract line 21 from line 20 379,017.	257,148.

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  **11-15-10**
 Signature of officer Date
TERRY BAUGH, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature  Date **11/18/10** Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 **DROLET AND ASSOCIATES, PLLC**
1901 L STREET, NW, SUITE 250
WASHINGTON, DC 20036
 Preparer's identifying number (see instructions) **EIN**
 Phone no. **202-822-0717**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

KIDSAVE'S MISSION IS TO ENSURE THAT NO ORPHAN OR FOSTER CHILD IS FORGOTTEN AND THAT EVERY CHILD GROWS UP IN A FAMILY WITH LOVE AND HOPE FOR A SUCCESSFUL FUTURE.

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

Yes No

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

Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 407,359. including grants of \$) (Revenue \$)

SUMMER MIRACLES - KIDSAVE'S SUMMER MIRACLES PROGRAM BRINGS ORPHANED CHILDREN FROM FOREIGN COUNTRIES TO THE USA FOR SUMMER VISITS. THESE ARE OLDER CHILDREN, AGES FIVE THROUGH 15, WHO HAVE LITTLE OR NO CHANCE OF FINDING ADOPTIVE PARENTS IN THEIR OWN COUNTRY. HOST FAMILIES HELP THE CHILDREN ENJOY A RICH CULTURAL EXPERIENCE AND, MORE IMPORTANTLY, ADVOCATE FOR THE CHILDREN - REACHING OUT TO THEIR CIRCLES OF FRIENDS TO FIND FAMILIES INTERESTED IN ADOPTION. SUMMER MIRACLES CONTINUES TO FIND ADOPTIVE FAMILIES FOR EIGHT OF TEN CHILDREN WHO TRAVEL IN THE PROGRAM.

4b (Code:) (Expenses \$ 231,614. including grants of \$) (Revenue \$)

PERMANENCY PROGRAM- WHEN KIDSAVE STAFF IS NOT WORKING UNDER A SPECIFIC PROGRAM, AND IS ADVOCATING FOR CHANGE, PROGRAM EXPANSION AND NEW AREAS FOR OUR PROGRAMS AND PERMANENT FAMILY CARE, WE ACCOUNT FOR OUR WORK IN THE PERMANENCY PROGRAMS CATEGORY. AS A GLOBAL VOICE FOR CHANGE MUCH OF OUR WORK IS FOCUSED ON ADVOCACY - TARGETING GOVERNMENTS, THE MEDIA, COMMUNITY ORGANIZATIONS, ADVOCACY GROUPS AND BUSINESSES. MEDIA OUTREACH, OUR WEBSITE AND COMMUNICATIONS MATERIALS DEVELOPMENT IS ALSO ACCOUNTED FOR UNDER THE PERMANENCY CATEGORY.

4c (Code:) (Expenses \$ 435,299. including grants of \$) (Revenue \$)

WEEKEND MIRACLES- WEEKEND MIRACLES IS KIDSAVE'S FAMILY VISIT PROGRAM DESIGNED TO SUPPORT OLDER CHILDREN WHO HAVE BEEN OVERLOOKED FOR YEARS IN THE US FOSTER CARE SYSTEM. A TRUE PUBLIC/PRIVATE PARTNERSHIP, KIDSAVE WORKS WITH GOVERNMENT AGENCIES IN LOS ANGELES AND WASHINGTON, DC TO HELP YOUTH AGES 9 TO 21. WEEKEND MIRACLES HAS CREATED NEW WAYS TO RECRUIT PEOPLE TO SUPPORT FOSTER CARE IN PUBLIC AGENCIES BY CREATING THREE NEW VOLUNTEER ROLES - HOST FAMILIES, MENTORS AND ADVOCATES.

THROUGH THE WEEKEND MIRACLES PROGRAM, FAMILIES AND INDIVIDUALS CAN:

- HOST A CHILD FOR WEEKENDS AND BE THAT CHILD'S PARTNER IN FINDING A FAMILY;
- ADVOCATE FOR A SPECIFIC CHILD THROUGH THEIR CIRCLES OF FRIENDS, TO

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 733,288. including grants of \$ 4,000.) (Revenue \$)

4e Total program service expenses \$ 1,807,560.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: COLOMBIA, RUSSIA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			21
b	Enter the number of voting members that are independent		
1b			21
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CT, DC, FL, GA, IL, KS, KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KIDSAVE INTERNATIONAL - 202-237-7283**
5185 MACARTHUR BLVD NW SUITE 108, WASHINGTON, DC 20016

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL F. BYRNE CO-CHAIR	1.00	X					0.	0.	0.	
THOMAS DONOHUE DIRECTOR	0.80	X					0.	0.	0.	
SUSAN DUDAS DIRECTOR	0.00	X					0.	0.	0.	
BENNY CUKIER DIRECTOR	0.40	X					0.	0.	0.	
TARA KALAGHER GIUNTA DIRECTOR	0.10	X					0.	0.	0.	
WILLIAM Z. GOLDSTEIN DIRECTOR	0.40	X					0.	0.	0.	
KENNETH A. SPRANG DIRECTOR	0.60	X					0.	0.	0.	
KENNETH L. HEISZ DIRECTOR	0.20	X					0.	0.	0.	
DEBRA GENTZ DIRECTOR	0.30	X					0.	0.	0.	
JAMES J. KILCOURSE DIRECTOR	0.40	X					0.	0.	0.	
JAMES RODDA TREASURER	0.60	X		X			0.	0.	0.	
DEAN MARKS DIRECTOR	1.00	X					0.	0.	0.	
TIM A. SOMERS DIRECTOR	1.30	X					0.	0.	0.	
KEITH G. MORRISON DIRECTOR	0.40	X					0.	0.	0.	
KATHRIN A. WANNER DIRECTOR	0.50	X					0.	0.	0.	
GERALD A. PORTER CHAIR EMERITUS	0.80	X					0.	0.	0.	
ELLA MARIE SCHIRALLI CO-CHAIR	1.20	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER SCHWARTZ DIRECTOR	0.80	X					0.	0.	0.	
PAT VAN SCOYOC DIRECTOR	0.20	X					0.	0.	0.	
FRANCES MORENO DIRECTOR	1.40	X					0.	0.	0.	
DEREK THOMAS TREASURER	2.70	X		X			0.	0.	0.	
RANDI THOMPSON CHIEF EXECUTIVE OFFICER	40.00			X			127,447.	0.	5,018.	
TERRY BAUGH PRESIDENT	40.00			X			122,383.	0.	16,073.	
1b Total							249,830.	0.	21,091.	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 7,079.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 380,974.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,716,445.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,104,498.				
	Program Service Revenue	2 a	Business Code				
		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)		1,530.			1,530.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME	900099	19,199.	19,199.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		19,199.					
12 Total revenue. See instructions.		2,125,227.	19,199.	0.	1,530.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,000.	4,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	270,923.	220,257.	38,573.	12,093.
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	656,684.	533,878.	93,495.	29,311.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	77,602.	65,452.	8,627.	3,523.
10 Payroll taxes	95,481.	77,746.	14,995.	2,740.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	13,191.	13,162.		29.
13 Office expenses	34,032.	26,039.	6,454.	1,539.
14 Information technology				
15 Royalties				
16 Occupancy	148,692.	109,599.	31,254.	7,839.
17 Travel	133,944.	129,360.	1,130.	3,454.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	244,293.	197,507.	1,084.	45,702.
20 Interest	561.		561.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,424.		16,424.	
23 Insurance	8,816.	6,671.	1,733.	412.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTORS	225,693.	183,606.	26,006.	16,081.
b PROFESSIONAL FEES	50,277.	41,331.	7,219.	1,727.
c TRAINING AND RECRUITMEN	43,096.	42,947.	120.	29.
d TELEPHONE	41,426.	30,534.	9,262.	1,630.
e PRINTING AND PUBLICATIO	36,859.	28,022.	66.	8,771.
f All other expenses	145,102.	97,449.	39,049.	8,604.
25 Total functional expenses. Add lines 1 through 24f	2,247,096.	1,807,560.	296,052.	143,484.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	482,220.	385,776.	0.	96,444.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	255,087.	1	287,000.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	340,160.	3	73,021.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,262.	9	30,494.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 97,391.		
	b	Less: accumulated depreciation	10b 93,113.	10c	4,278.
	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	21,233.	15	28,391.
16	Total assets. Add lines 1 through 15 (must equal line 34)	666,444.	16	423,184.	
Liabilities	17	Accounts payable and accrued expenses	112,829.	17	76,495.
	18	Grants payable		18	
	19	Deferred revenue	3,745.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	70,000.	24	
	25	Other liabilities. Complete Part X of Schedule D	100,853.	25	89,541.
	26	Total liabilities. Add lines 17 through 25	287,427.	26	166,036.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-82,942.	27	142,710.
	28	Temporarily restricted net assets	461,959.	28	114,438.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	379,017.	33	257,148.
34	Total liabilities and net assets/fund balances	666,444.	34	423,184.	

Part XI Financial Statements and Reporting

		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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
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?		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form 990 (2009)

Public Charity Status and Public Support

2009

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1698925.	2935770.	2815778.	3515742.	2104498.	13070713.
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	1698925.	2935770.	2815778.	3515742.	2104498.	13070713.
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)						794,978.
6 Public support. Subtract line 5 from line 4.						12275735.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1698925.	2935770.	2815778.	3515742.	2104498.	13070713.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,920.	487.	7,270.	3,420.	1,530.	18,627.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,018.	3,772.		7,233.	19,199.	36,222.
11 Total support. Add lines 7 through 10						13125562.
12 Gross receipts from related activities, etc. (see instructions)					12	4,329.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.53 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.93 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1546-0047

2009

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)(3) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

KIDSAVE INTERNATIONAL, INC.

91-1887623

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 250,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 108,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

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

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

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

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

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

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

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

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

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	10,481.													
c	Total lobbying expenditures (add lines 1a and 1b)	10,481.													
d	Other exempt purpose expenditures	2,236,615.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,247,096.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	262,355.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	65,589.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2 a	Lobbying nontaxable amount	296,126.	309,156.	315,233.	262,355.	1,182,870.
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,774,305.
c	Total lobbying expenditures	3,776.	2,438.	5,478.	10,481.	22,173.
d	Grassroots nontaxable amount	74,032.	77,289.	78,808.	65,589.	295,718.
e	Grassroots ceiling amount (150% of line 2d, column (e))					443,577.
f	Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

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

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

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		97,391.	93,113.	4,278.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 4,278.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other, and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes Total row.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include DEPOSITS, RESTRICTED CASH FOR ADOPTION ASSISTANCE, and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes, COMPENSATION PAYABLE, OBLIGATION UNDER CAPITAL LEASE, ADOPTION ASSISTANCE AND SPONSORSHIPS, INTERNATIONAL TAXES PAYABLE, and Total.

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,125,227.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,247,096.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-121,869.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-121,869.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,220,217.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	94,990.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	94,990.
3	Subtract line 2e from line 1	3	2,125,227.
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 XIV.)	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	2,125,227.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,342,086.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	94,990.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	94,990.
3	Subtract line 2e from line 1	3	2,247,096.
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 XIV.)	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	2,247,096.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: ON JANUARY 1, 2009, THE ORGANIZATION ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (ASC 740). ASC 740 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN

Part XIV Supplemental Information (continued)

TAX POSITIONS.

TAX YEARS FROM DECEMBER 31, 2006 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY THE FEDERAL AND STATE TAX AUTHORITIES.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND THE NEWLY INDEPENDENT STATES	1	2	PROGRAM SERVICES	STANDARD KIDSAVE ACTIVITIES, CREATING AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY	241,000.
SOUTH AMERICA	1	3	PROGRAM SERVICES	STANDARD KIDSAVE ACTIVITIES, CREATING AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY	199,000.
Totals	2	5			440,000.

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: DIRECT OVERSIGHT THROUGH IN PERSON VISITS AND WRITTEN PROGRESS/WORK REPORTS FROM GRANTEE.

PART I, LINE 3, COLUMN (E):

REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: STANDARD KIDSAVE ACTIVITIES, CREATING AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY THROUGH ADVOCACY TO GET INTO SOLID FAMILIES.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: STANDARD KIDSAVE ACTIVITIES, CREATING AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY THROUGH ADVOCACY TO GET INTO SOLID FAMILIES.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047.

2009

Open To Public
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BILL GOLDSTEIN AND TRAVEL	BOARD MEMBER	8,796.	TRAVEL AGEN		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

KIDSAVE INTERNATIONAL, INC.

Employer identification number

91-1887623

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

BEHIND SO THAT NO CHILD IS FORGOTTEN AND EVERY CHILD GROWS UP IN A
FAMILY. WE RUN MODEL PROGRAMS AND WORK AS PARTNERS WITH GOVERNMENTS
AND POLICY MAKERS TO DRIVE CHANGE WORLDWIDE SO THAT EVERY CHILD GROWS
UP CONNECTED TO AT LEAST ONE CARING ADULT WHO WILL PROVIDE LOVE AND
HOPE FOR A SUCCESSFUL FUTURE.

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

HELP THAT CHILD FIND AN ADOPTIVE FAMILY; AND
- MENTOR A CHILD AND BE A FRIEND BY PROVIDING EDUCATIONAL AND ENRICHING
EXPERIENCES.

RECENT RESEARCH BY THE COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND
FAMILY SERVICES HAS DEMONSTRATED THAT THE COUNTY IS SAVING MONEY AND
FINDING FAMILIES THROUGH KIDSAVE'S WEEKEND MIRACLES PROGRAM.

THROUGH THE WEEKEND MIRACLES PROGRAM, KIDSAVE HAS FOUND 25% OF THE
OLDER KIDS WHO PARTICIPATE ADOPTIVE FAMILIES AND 60% OF THE CHILDREN IN
THE PROGRAM CONNECTIONS WITH CARING ADULTS. ACCORDING TO LA COUNTY'S
INDEPENDENT EVALUATION, FROM MAY 2005 - SEPTEMBER 2009, THE NET COST
SAVINGS TO THE COUNTY HAS BEEN \$1,747,924 AND CONTINUES TO GROW AS THE
NUMBER OF CHILDREN IN THE PROGRAM INCREASES. THIS PUBLIC/PRIVATE
PARTNERSHIP IS SAVING MONEY AND MAKING A DIFFERENCE IN PERMANENCY
OUTCOMES FOR YOUTH.

WITH THE HELP OF PARTNERS, THE COUNTY OF LOS ANGELES DEPARTMENT OF

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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CHILDREN AND FAMILY SERVICES AND THE DISTRICT OF COLUMBIA CHILD AND
FAMILY SERVICES AGENCY, KIDSAVE HELPED TO PLACE CHILDREN IN PERMANENT
HOMES, AND MATCH ADDITIONAL CHILDREN WITH MENTORS WHO ARE PROVIDING A
CONNECTED, STABLE RELATIONSHIP.

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

RUSSIA- IN RUSSIA, APPROXIMATELY 130,000 CHILDREN ARE REGISTERED AS
ORPHANS ANNUALLY BECAUSE OF PARENTAL DEATH, PARENTAL ABANDONMENT, OR
BECAUSE THESE CHILDREN HAVE BEEN REMOVED FROM THEIR HOMES FOR THEIR OWN
PROTECTION. WHILE SOME CHILDREN CAN BE MOVED TO THE CARE OF RELATIVES,
NEARLY 200,000 ORPHANS ARE CURRENTLY GROWING UP WITHOUT FAMILIES IN
STATE INSTITUTIONS.

IN 2001, KIDSAVE LAUNCHED ITS FIRST IN-COUNTRY PROGRAM IN THE SMOLENSK
REGION OF RUSSIA, CONNECTING RUSSIAN ORPHANS WITH RUSSIAN FAMILIES WHO
HOSTED THEM DURING THE SUMMER, HOLIDAYS AND ON WEEKENDS. TODAY OUR
PROGRAMS ARE OPERATING IN MOSCOW, SMOLENSK, ST. PETERSBURG AND ON
SAKHALIN ISLAND. AS OF DECEMBER 31, 2008, NEARLY 1,700 CHILDREN HAD
PARTICIPATED IN ONE OF OUR THREE PRIMARY PROGRAMS - KIDSAVE'S FAMILY
VISIT PROGRAM, THE MALENKAYA MAMA (TEEN MOTHER) PROGRAM, AND THE SCHOOL
OF LIFE (WHICH PREPARES YOUTH FOR INDEPENDENT LIVING WHEN THEY AGE OUT
OF CARE).

AS KIDSAVE PROGRAMS IN RUSSIA DEMONSTRATE SUCCESS, OUR GOAL IS FOR
THESE PROGRAMS TO BE ADOPTED AND SUSTAINED BY REGIONAL CHILD WELFARE
SYSTEMS IN RUSSIA. IN MID-2008, KIDSAVE'S SMOLENSK PROGRAM BECAME

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SUSTAINABLE, AND WAS INTEGRATED IN THE REGIONAL CHILD WELFARE
STRUCTURE. THE SMOLENSK NGO THAT KIDSAVE HELPED GET STARTED, NOW
RECEIVES THE MAJORITY OF ITS FUNDING FROM THE RUSSIAN FEDERAL AND LOCAL
ADMINISTRATIVE GOVERNMENTS. ON SAKHALIN ISLAND, AFTER ONLY TWO YEARS,
THE REGIONAL DEPARTMENT OF EDUCATION INTEGRATED KIDSAVE'S FAMILY VISIT
PROGRAM INTO THE GOVERNMENT SYSTEM, CLOSED THREE ORPHANAGES AND HAS
ALSO CREATED A REGIONAL CENTER FOR FAMILY PLACEMENT.

IN NOVEMBER 2008, KIDSAVE INTRODUCED THE FAMILY VISIT MODEL TO CHILD
WELFARE SPECIALISTS IN THE YAROSLAVL REGION OF RUSSIA. WITH THE
SUPPORT OF DELOITTE, THE DELOITTE FOUNDATION, BOEING AND OTHER
ORGANIZATIONS IN THE REGION, KIDSAVE HELD TEN TWO-DAY SEMINARS DESIGNED
TO (A) FOSTER AN EXCHANGE OF IDEAS AND (B) MOTIVATE THE IMPLEMENTATION
OF CHILD WELFARE 'BEST PRACTICES' FROM OTHER REGIONS IN RUSSIA.
KIDSAVE INVITED 50 CHILD WELFARE SPECIALISTS FROM THE PERM, SMOLENSK,
SARATOV AND MOSCOW REGIONS TO (A) DISCUSS REGIONAL AND MUNICIPAL
PERMANENCY MODELS FOR ORPHANS, AND (B) SHARE EXPERIENCES IN FAMILY
PLACEMENT AND CHILD ABANDONMENT PREVENTION WITH NEARLY 100 LOCAL CHILD
WELFARE PROFESSIONALS. AS A RESULT OF THE SEMINARS, THE YAROSLAVL
REGION IS NOW IDENTIFYING ORPHANAGES THAT ARE READY TO TRANSFORM THEIR
INSTITUTIONS INTO CHILD PLACEMENT CENTERS AND A SCHOOL FOR FOSTER
PARENTS IS BEING DEVELOPED.

THUS FAR ALL OF THE BABIES SERVED HAVE REMAINED IN THEIR MOTHERS' CARE.
THIS IS ENOUGH TO CLOSE ONE ORPHANAGE.

EXPENSES \$ 227507. INCLUDING GRANTS OF \$ 4000. REVENUE \$ 0.

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ADVOCACY- OUR DOMESTIC ADVOCACY EFFORTS INCLUDE WORKING WITH LOCAL JURISDICTIONS TO IDENTIFY ISSUES THAT ARE BARRIERS TO KIDS IN FOSTER CARE MOVING INTO PERMANENT FAMILIES IN A TIMELY MANNER. WE SUPPORT COMMUNITY FORUMS, TESTIFY AT HEARINGS, CONDUCT RESEARCH AMONG PROVIDERS, FOSTER PARENTS AND KIDS, WORK WITH THE MEDIA, CITY AND COUNTY LEADERS TO BUILD AWARENESS OF PROBLEMS IN ORDER TO SHINE LIGHT ON SOLUTIONS AND CREATE CHANGE.

IN 2008, AS PART OF KIDSAVE'S WORK WITH THE DISTRICT OF COLUMBIA (DC) PERMANENCY CONVENING COMMITTEE AND THE DC CHILD INVESTMENT TRUST, KIDSAVE HELPED CONDUCT A SURVEY OF DC FOSTER YOUTH CONDUCTED TO BETTER UNDERSTAND THE STATE OF PERMANENCY FOR CHILDREN IN FOSTER CARE IN THE DISTRICT OF COLOMBIA. A TOTAL OF 219 DC FOSTER YOUTH PARTICIPATED IN THE SURVEY. KIDSAVE ALSO WORKED TO IMPROVE UNDERSTANDING ABOUT THE BARRIERS THAT DC CHILD-PLACING AGENCIES AND ADVOCATES EXPERIENCE AROUND PERMANENCY. FIFTY-THREE ORGANIZATIONS AND INDIVIDUALS WERE CONTACTED; 19 - OR 34% WERE COMPLETED. A THIRD STUDY WAS COMMISSIONED, BUT STILL IN PROGRESS AT YEAR END - INTERVIEWING FOSTER PARENTS AND SOCIAL WORKERS TO EXPLORE THE BARRIERS THEY FACE IN FINALIZING THE ADOPTIONS OF THE CHILDREN THEY FOSTER AND SUPPORT.

INTERNATIONALLY, KIDSAVE IS WORKING TO TRANSFORM CHILD WELFARE PRACTICES BY HELPING INSTITUTIONALIZED CHILDREN MOVE INTO FAMILIES IN THEIR OWN COUNTRIES. IN 2008, KIDSAVE SPEARHEADED THE FORMATION OF THE FAMILIES FOR ORPHANS COALITION, A GROUP OF NONPROFIT ORGANIZATIONS,

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ADOPTIVE PARENTS AND INDIVIDUALS ASSOCIATED WITH COALITION MEMBER
ORGANIZATIONS WORKING TO ATTRACT ATTENTION AND RESOURCES TO THE PLIGHT
OF MILLIONS OF ORPHANS GROWING UP WITHOUT PERMANENT FAMILIES WORLDWIDE.
THE COALITION SUPPORTS ENACTMENT OF LEGISLATION TO PROVIDE A DIPLOMATIC
AUTHORITY AND TECHNICAL AND COORDINATING CAPACITY WITHIN THE UNITED
STATES DEPARTMENT OF STATE. A NEW OFFICE WITHIN THE STATE DEPARTMENT
WILL SUPPORT COUNTRIES WORLDWIDE IN DEVELOPING CAPACITY FOR PERMANENT
FAMILY CARE OF THEIR CHILDREN. PRIORITY WILL BE PLACED ON KEEPING
CHILDREN IN THEIR BIRTH FAMILIES WHENEVER POSSIBLE, REUNIFYING
ORPHANAGE CHILDREN WITH BIOLOGICAL FAMILIES AND SAFE KIN, DOMESTIC
ADOPTION.

EXPENSES \$ 385778. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COLOMBIA- COLOMBIA IS FULL OF FORGOTTEN CHILDREN. NO ONE EVEN COUNTS
THE NUMBERS WHO HAVE LOST PARENTS DUE TO CIVIL CONFLICT AND HIV/AIDS,
OR THOSE WHO ARE ABANDONED DUE TO EXTREME POVERTY, PARENTAL DRUG
ABUSE OR ARREST. MOST OF THESE CHILDREN HAVE LITTLE HOPE FOR ADOPTION
BECAUSE THEY ARE 'OLDER' (OVER SIX YEARS OLD). EXACERBATING THE
PROBLEM IS THE STIGMA COLOMBIAN SOCIETY ATTACHES TO THESE CHILDREN.

KIDSAVE'S ENCUEENTROS MILAGROSOS PROGRAM ['MIRACULOUS ENCOUNTERS'],
LAUNCHED IN BOGOTA IN 2007, PROVIDES OLDER ORPHANS WITH FAMILY LIFE
EXPERIENCES AND LIFE SKILLS TRAINING. THE PROGRAM HAS HAD A POSITIVE
IMPACT ON THE LIVES OF ORPHANS WHO ARE ADOPTED INTERNATIONALLY AS WELL
AS ORPHANS WHO FIND PERMANENCY IN COLOMBIA. WHILE STILL NEW, THIS
PROGRAM IS SHOWING SIGNS OF ACHIEVING RESULTS COMPARABLE TO WEEKEND

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MIRACLES USA.

BY THE END OF 2008 74 ORPHANED CHILDREN HAVE PARTICIPATED IN THE
ENCUENTROS MILAGROSOS PROGRAM, AND 34 HAVE BEEN ADOPTED OR FOUND LONG
TERM MENTORS - EITHER IN COLOMBIA OR THROUGH OUR US SUMMER MIRACLES
PROGRAM. THE CHILDREN ARE ALSO DEMONSTRATING OTHER POSITIVE OUTCOMES -
THEY ARE BETTER SOCIALIZED, HEALTHIER, DOING BETTER IN SCHOOL - AND
RESEARCH BY COLOMBIA'S JAVERIANA UNIVERSITY INDICATES SIGNIFICANT
IMPROVEMENTS IN PSYCHOLOGICAL DEVELOPMENT TOO.

KIDSAVE ALSO DEVELOPED EDUCATIONAL MATERIALS AND SEMINARS TO TRAIN
CHILD WELFARE PROFESSIONALS IN PERMANENCY AND FAMILY-BASED CARE MODELS
SO THAT OUR SUCCESSES CAN BE REPLICATED IN OTHER PARTS OF THE COUNTRY.
ONCE TRAINED, THESE PROFESSIONALS CAN PROPERLY ENGAGE AND TRAIN
ORPHANED CHILDREN, FAMILIES AND MENTORS TO PARTICIPATE IN FAMILY VISIT
PROGRAMS, AND PROVIDE SELECTION, PRE-PLACEMENT EVALUATION AND FAMILY
MATCHING, AND POST-PLACEMENT SUPPORT AND MONITORING. AS OF DECEMBER
2008, KIDSAVE TRAINED MORE THAN 125 CHILD WELFARE PROFESSIONALS WHO
HAVE THE POTENTIAL TO CHANGE THE LIVES OF HUNDREDS OF COLOMBIAN ORPHANS
OVER THE NEXT FIVE YEARS.

EXPENSES \$ 113701. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILD ASSISTANCE- KIDSAVE'S CHILD ASSISTANCE FUND FACILITATES SUPPORT
FOR CHILDREN IN ORPHANAGES. IT PROVIDES ASSISTANCE FOR ADOPTION OF
ORPHANED CHILDREN WHOSE ADOPTIVE FAMILIES COULD OTHERWISE NOT AFFORD TO
PROCEED WITH AN ADOPTION, BUT HAVE THE RESOURCES TO PARENT A CHILD. IT

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PROVIDES FOR COUNSELING, SCHOOL SUPPORT, MENTORING AND OTHER SERVICES
THAT FOSTER HEALTHY GROWTH, EDUCATION, LIFE SKILLS, MENTORING AND JOB
TRAINING. DONORS DESIGNATE AN ORPHAN WHOM THEY WOULD LIKE TO ASSIST,
AND DONATIONS ARE EARMARKED TO ASSIST THAT PARTICULAR CHILD REGARDLESS
OF WHO ADOPTS HIM/HER. IN 2008, 30 CHILDREN WERE BEING SUPPORTED BY
CHILD ASSISTANCE FUNDS.

EXPENSES \$ 6302. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
PRESIDENT, THE CEO AND ASSOCIATE DIRECTOR OF FINANCE AND ADMINISTRATION
BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12: THE CEO/EXECUTIVE DIRECTOR
REGULARLY REVIEWS ALL GRANTS AND CONTRACTS FOR POTENTIAL CONFLICTS OF
INTEREST.

ONE OF THE STANDING COMMITTEES ON OUR BOARD IS THE COMPLIANCE COMMITTEE.
WHENEVER AN ISSUE RAISES A POTENTIAL CONFLICT OF INTEREST IT IS REFERRED TO
THE HEAD OF COMPLIANCE COMMITTEE, TO PROVIDE GUIDANCE, CONVENE THE
COMMITTEE, OR ENGAGE OTHER EXPERTS TO ADDRESS THE ISSUE.

THE BOARD REVIEWED THE ANNUAL BUDGET PROJECTION SPREADSHEET WHICH HAD
DETAILED SALARY INFORMATION ABOUT THE CEO AND PRESIDENT. THE BOARD ALSO
REVIEWED THE ANNUAL BUDGET PROJECTION SPREADSHEET WHICH HAD DETAILED SALARY
INFORMATION FOR ALL STAFF.

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Department of the Treasury
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Name of the organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AK, AL, AR, AZ, CA, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY
 OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19: OUR ARTICLES OF INCORPORATION,
 BY-LAWS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE
 AVAILABLE UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
 (A) NAME OF PERSON: BILL GOLDSTEIN AND TRAVEL ON TRAVEL AGENCY
 (D) DESCRIPTION OF TRANSACTION: TRAVEL AGENCY

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5185 MACARTHUR BOULEVARD NW, NO. 108	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20016	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

KIDSAVE INTERNATIONAL

- The books are in the care of ▶ **5185 MACARTHUR BLVD NW SUITE 108 - WASHINGTON, DC 20016**
Telephone No. ▶ **202-237-7283** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- ▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
	Number, street, and room or suite no. If a P.O. box, see instructions. 5185 MACARTHUR BOULEVARD NW, NO. 108	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20016	

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

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

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

KIDSAVE INTERNATIONAL

• The books are in the care of ▶ **5185 MACARTHUR BLVD NW SUITE 108 - WASHINGTON, DC 20016**
 Telephone No. ▶ **202-237-7283** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

ADDITIONAL TIME IS REQUIRED TO OBTAIN THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *[Handwritten Signature]* Title ▶ *CPA* Date ▶ *8/9/10*