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**Return of Organization Exempt From Income Tax**

**2008**

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 2008 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>KIDSAVE INTERNATIONAL, INC.</b> Doing Business As		<b>D Employer identification number</b> <b>91-1887623</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5165 MACARTHUR BOULEVARD NW</b>	<b>E Telephone number</b> <b>202-237-7283</b>	
City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20016</b>		<b>G Gross receipts \$</b> <b>3,530,336.</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F Name and address of principal officer</b> <b>TERRY BAUGH</b> <b>ADDRESS: SAME AS C ABOVE</b>		<b>H(c) Group exemption number</b>		<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>J Website:</b> <b>WWW.KIDSAVE.ORG</b>		<b>L Year of formation:</b> <b>1997</b>		<b>M State of legal domicile:</b> <b>DC</b>
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities	<b>KIDSAVE WORKS TO CHANGE THE LIVES OF ORPHANS AND CHILDREN IN FOSTER CARE WHO ARE OFTEN LEFT</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	5	Total number of employees (Part V, line 2a)	<b>5</b>	<b>24</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,815,778.</b>	<b>Current Year</b> <b>3,515,742.</b>
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,270.</b>	<b>3,341.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>7,233.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,823,048.</b>	<b>3,526,316.</b>
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>103,071.</b>
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)	<b>1,319,975.</b>	<b>1,468,407.</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
16b		Total fundraising expenses (Part IX, column (D), line 25) <b>156,309.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,760,065.</b>	<b>1,809,259.</b>
18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,183,111.</b>	<b>3,304,666.</b>	
19	Revenue less expenses - subtract line 18 from line 12	<b>-360,063.</b>	<b>221,650.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 1a)	<b>Beginning of Year</b> <b>559,859.</b>	<b>End of Year</b> <b>666,444.</b>
	21	Total liabilities (Part X, line 2a)	<b>402,492.</b>	<b>287,427.</b>
	22	Net assets or fund balances - subtract line 21 from line 20	<b>157,367.</b>	<b>379,017.</b>

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *Terry Baugh*  
 Date: **1/12/10**  
**TERRY BAUGH, PRESIDENT**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]*  
 Date: **01/12/10**  
 Check if self-employed:   
 Preparer's identifying number (see instructions):  
 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**  
 EIN: **91-1887623**  
 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 (see instructions)

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

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

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

If "Yes", describe these changes on Schedule O.

4 Describe the 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 \$ 680,258. 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.

4b (Code ) (Expenses \$ 566,283. 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 \$ 534,200. 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 \$ 944,595. including grants of \$ 27,000. ) (Revenue \$ )

4e Total program service expenses \$ 2,725,336. (Must equal Part IX, Line 25, column (B))

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U S ?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 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
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	8		
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?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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 ► <u>COLOMBIA, RUSSIA</u> 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	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?	X	
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	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
7c			
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
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
7h			
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	N/A		
8			
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
			20
b	Enter the number of voting members that are independent		
			20
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	
9a	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?		
9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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**

		Yes	No
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? Describe the process in Schedule O (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," 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?		
16b			

**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**  
**5165 MACARTHUR BLVD NW, 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 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 officer, director, trustee, or key employee

(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 DIRECTOR	4.00	X					0.	0.	0.	
THOMAS DONOHUE DIRECTOR	0.05	X					0.	0.	0.	
SUSAN DUDAS DIRECTOR	0.25	X					0.	0.	0.	
BENNY CUKIER DIRECTOR	0.25	X					0.	0.	0.	
TARA KALAGHER GIUNTA DIRECTOR	0.50	X					0.	0.	0.	
WILLIAM Z. GOLDSTEIN DIRECTOR	2.00	X					0.	0.	0.	
KENNETH A. SPRANG DIRECTOR	0.25	X					0.	0.	0.	
KENNETH L. HEISZ DIRECTOR	0.25	X					0.	0.	0.	
DEBRA GENTZ DIRECTOR	0.05	X					0.	0.	0.	
JAMES J. KILCOURSE DIRECTOR	2.00	X					0.	0.	0.	
JAMES RODDA TREASURER	5.00	X		X			0.	0.	0.	
DEAN MARKS DIRECTOR	5.00	X					0.	0.	0.	
TIM A. SOMERS CHAIR ELECT	5.00	X					0.	0.	0.	
KEITH G. MORRISON CHAIR ELECT	2.00	X					0.	0.	0.	
KATHRIN A. WANNER DIRECTOR	0.05	X					0.	0.	0.	
GERALD A. PORTER CHAIR EMERITUS	5.00	X					0.	0.	0.	
ELLA MARIE SCHIRALLI CO-CHAIR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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	2.00	X						0.	0.	0.
PAT VAN SCOYOC DIRECTOR	0.25	X						0.	0.	0.
REID MCCARTNEY DIRECTOR	1.00	X						0.	0.	0.
RANDI THOMPSON CHIEF EXECUTIVE OFFICER	40.00			X				151,407.	0.	4,528.
TERRY BAUGH PRESIDENT	40.00			X				164,971.	0.	16,924.
LAUREN GORDON V.P./SECRETARY	40.00			X				89,788.	0.	9,988.
<b>1b Total</b>								<b>406,166.</b>	<b>0.</b>	<b>31,440.</b>

2 Total number of individuals (including those in 1a) 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 those in 1) 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 15,013.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 771,386.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2729343.			
	g Noncash contributions included in lines 1a-1f \$	26,808.			
	h Total. Add lines 1a-1f	▶ 3,515,742.			
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)	▶	3,420.		3,420.
	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)	▶	-79.		-79.
	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	7,233.	7,233.		
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d	▶	7,233.			
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	3,526,316.	7,233.	0.	3,341.

**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	27,000.	27,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	397,730.	338,040.	42,400.	17,290.
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	810,911.	690,633.	116,706.	3,572.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	116,558.	74,207.	40,740.	1,611.
10 Payroll taxes	143,208.	129,742.	12,396.	1,070.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	74,168.	47,662.	26,110.	396.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	128,456.	127,211.		1,245.
13 Office expenses	242,640.	186,530.	36,336.	19,774.
14 Information technology				
15 Royalties				
16 Occupancy	208,422.	131,744.	72,768.	3,910.
17 Travel	217,565.	215,747.	1,505.	313.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	265,653.	176,257.	858.	88,538.
20 Interest	2,765.		2,765.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,125.		29,125.	
23 Insurance	6,648.	5,729.	813.	106.
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 <b>CONTRACTORS</b>	376,617.	352,154.	13,960.	10,503.
b <b>TRAINING AND RECRUITMEN</b>	140,389.	139,975.	414.	
c <b>EQUIP. RENTAL &amp; MAINT.</b>	49,642.	38,589.	7,868.	3,185.
d <b>MISCELLANEOUS EXPENSE</b>	34,766.	22,459.	10,538.	1,769.
e <b>DUES AND SUBSCRIPTIONS</b>	9,484.	7,857.	4.	1,623.
f All other expenses	22,919.	13,800.	7,715.	1,404.
<b>25 Total functional expenses</b> Add lines 1 through 24f	<b>3,304,666.</b>	<b>2,725,336.</b>	<b>423,021.</b>	<b>156,309.</b>
26 <b>Joint Costs</b> 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	128,258.	102,606.		25,652.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	374,847.	1	255,087.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	95,703.	3	340,160.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties 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	24,571.	9	29,262.
	10a Land, buildings, and equipment cost basis	10a 97,391.		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 76,689.	53,681.	10c 20,702.
	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	11,057.	15	21,233.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	559,859.	16	666,444.	
Liabilities	17 Accounts payable and accrued expenses	132,588.	17	112,829.
	18 Grants payable		18	
	19 Deferred revenue	111,731.	19	3,745.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	70,000.
	25 Other liabilities Complete Part X of Schedule D	158,173.	25	100,853.
	26 <b>Total liabilities.</b> Add lines 17 through 25	402,492.	26	287,427.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-22,826.	27	-82,942.
	28 Temporarily restricted net assets	180,193.	28	461,959.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	157,367.	33	379,017.
	34 <b>Total liabilities and net assets/fund balances</b>	559,859.	34	666,444.

**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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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	
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
b If "Yes," did the organization undergo the required audit or audits?		



**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2037481.	1698925.	2935770.	2815778.	3515742.	13003696.
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 - 3	2037481.	1698925.	2935770.	2815778.	3515742.	13003696.
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)						1275534.
6 Public Support. Subtract line 5 from line 4						11728162.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2037481.	1698925.	2935770.	2815778.	3515742.	13003696.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,260.	5,920.	487.	7,270.	3,420.	20,357.
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.	17,023.
11 Total support. Add lines 7 through 10						13041076.
12 Gross receipts from related activities, etc. (see instructions)					12	7,497.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	89.93 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	76.12 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total.</b> Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>		%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

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 To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details

- 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 To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 To be completed by organizations exempt under section 501(c)(3) that filed Form 5768**

**(election under section 501(h)).** See the instructions for Schedule C for details

- 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												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	5,478.													
c	Total lobbying expenditures (add lines 1a and 1b)	5,478.													
d	Other exempt purpose expenditures	3,299,188.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,304,666.													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	315,233.													
<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)	78,808.													
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c	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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount	259,198.	296,126.	309,156.	315,233.	1,179,713.
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,769,570.
c	Total lobbying expenditures	5,167.	3,776.	2,438.	5,478.	16,859.
d	Grassroots non-taxable amount	64,800.	74,032.	77,289.	78,808.	294,929.
e	Grassroots ceiling amount (150% of line 2d, column (e))					442,394.
f	Grassroots lobbying expenditures	0.				

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(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 other means?			
i Other activities? If "Yes," describe in Part IV			
j Total 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** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	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** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	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 1. Also, complete this part for any additional information

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Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff or volunteer hours devoted..., 7 Amount of expenses incurred..., 8 Does each conservation easement..., 9 In Part XIV, describe how the organization reports...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report..., 1b If the organization elected, as permitted under SFAS 116, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts...

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

- 3 Using the organization's 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 Trust, 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 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 Investment earnings or 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		16,699.	12,432.	4,267.
e Other		80,692.	64,257.	16,435.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				<b>20,702.</b>



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,526,316.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,304,666.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	221,650.
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 4-8	9	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	221,650.

**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	3,650,846.
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	124,530.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	124,530.
3	Subtract line 2e from line 1	3	3,526,316.
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 should equal Form 990, Part I, line 12.)	5	3,526,316.

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

1	Total expenses and losses per audited financial statements	1	3,429,196.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	124,530.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	124,530.
3	Subtract line 2e from line 1	3	3,304,666.
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 should equal Form 990, Part I, line 18.)	5	3,304,666.

**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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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 in region
RUSSIA AND THE NEWLY INDEPENDENT STATES	3	6	PROGRAM SERVICES	HELPING CHILDREN IN ORPHANAGES MAKE CONNECTIONS WITH RUSSIAN CITIZENS.	447,986.
SOUTH AMERICA	1	3	PROGRAM SERVICES	ENCOURAGE INTERACTION BETWEEN ORPHANS AND INTERESTED FAMILIES.	177,109.
<b>Totals</b>	<b>4</b>	<b>9</b>			<b>625,095.</b>



**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)
RIGHT OF CHILD	RUSSIA AND THE NEWLY INDEPENDENT STATES	1	27,000	WIRE TRANSFER	0.		



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**KIDSAVE INTERNATIONAL, INC.**

Employer identification number

**91-1887623**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

- a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

- a** The organization?  
**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

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



**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

**2008**

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)

To be completed by organizations that 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.**

To be completed by organizations that 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
<b>Total</b>				▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

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

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
<b>BILL GOLDSTEIN</b>	<b>BOARD MEMBER</b>	<b>119,297.</b>	<b>TRAVEL AGEN</b>		<b>X</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	26,808.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**  
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. ACCORDING  
THE COUNTY'S FINDINGS, SINCE 2005 THEY HAVE SAVED \$956,000  
(APPROXIMATELY \$49,000 PER CHILD IN THE PROGRAM), AND THAT IN ADDITION  
TO SAVING MONEY, THIS PUBLIC/PRIVATE PARTNERSHIP IS MAKING A DIFFERENCE  
IN THE PERMANENCY OUTCOMES FOR YOUTH.

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

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

KIDSAVE INTERNATIONAL, INC.

Employer identification number  
91-1887623

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 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

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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.

EXPENSES \$ 447986. INCLUDING GRANTS OF \$ 27000. REVENUE \$ 0.

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.

SCHEDULE O  
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Department of the Treasury  
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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, 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 STATE WILL SUPPORT COUNTRIES WORLDWIDE IN DEVELOPING CAPACITY FOR PERMANENT FAMILY CARE OF THEIR CHILDREN. PRIORITY WILL BE PLACED ON KEEPING CHILDREN IN THEIR

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91-1887623

BIRTH FAMILIES WHENEVER POSSIBLE, REUNIFYING ORPHANAGE CHILDREN WITH BIOLOGICAL FAMILIES AND SAFE KIN, DOMESTIC ADOPTION.

EXPENSES \$ 279580. 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 ENCUENTROS 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.

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

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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 \$ 177109. 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  
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 \$ 39920. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS REVIEWED BY THE  
PRESIDENT, THE CEO AND ASSOCIATE DIRECTOR OF FINANCE AND ADMINISTRATION  
BEFORE FILING.

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91-1887623

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

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

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.

FORM 990, PART XI, LINE 2C:  
THE BOARD OF DIRECTORS ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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**(Form 990)**

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SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BILL GOLDSTEIN

(D) DESCRIPTION OF TRANSACTION: TRAVEL AGENCY

FORM 990, PAGE 1, B - AMENDED RETURN

PART IX, LINE 26 - THE ORGANIZATION INCURRED JOINT COSTS IN 2008 FOR INFORMATIONAL MATERIALS AND SPECIAL EVENTS THAT INCLUDED FUNDRAISING APPEALS. THESE COSTS WERE IDENTIFIED SUBSEQUENT TO FILING THE ORIGINAL RETURN.

PART X, LINE 27 & 28 - THE CLASSIFICATION OF UNRESTRICTED AND TEMPORARILY RESTRICTED NET ASSETS HAS BEEN AMENDED TO CORRECTLY STATE THE BALANCES.

Form 8688

Explanation for Extension

Statement 1

Explanation

WE RESPECTFULLY REQUEST ADDITIONAL TIME TO FILE THIS RETURN. THE INFORMATION REQUIRED TO FILE AN ACCURATE AND COMPLETE RETURN IS NOT YET AVAILABLE.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

## 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>KIDSAVE INTERNATIONAL, INC.</b>	Employer identification number <b>91-1887623</b>
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 <b>5165 MACARTHUR BOULEVARD NW</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>WASHINGTON, DC 20016</b>	

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 ▶ **5165 MACARTHUR BLVD NW - 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, 2009, to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year 2008 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

**Drolet & Associates, P.L.L.C.**  
1901 L Street N.W.  
Suite 250  
Washington, DC 20036-3561  
452-2057643

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

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)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
Type or print	Name of Exempt Organization <b>KIDSAVE INTERNATIONAL, INC</b>	Employer identification number <b>91-1887623</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>5165 MACARTHUR BOULEVARD NW</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>WASHINGTON, DC 20016</b>	

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

**THE ORGANIZATION**

The books are in the care of **5165 MACARTHUR BOULEVARD NW - 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, 2009**
- 5 For calendar year **2008**, 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 **See Statement 1**

8a	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	<b>Balance Due</b> 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	\$ <b>N/A</b>

**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 **CRA** Date **8/6/09**

**Drobot & Associates, PLLC**  
1901 L Street N.W.  
Suite 200  
Washington, DC 20036-2001  
202-2687843