

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KIDSAVE INTERNATIONAL, INC.		D Employer identification number 91-1887623
	Doing business as		E Telephone number (310) 642-7283
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	200 CORPORATE POINTE	325	G Gross receipts \$ 7,711,957.
	City or town, state or province, country, and ZIP or foreign postal code CULVER CITY, CA 90230		
F Name and address of principal officer: RANDI THOMPSON 200 CORPORATE POINTE, SUITE 325, CULVER CITY		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.KIDSAVE.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1997	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KIDSAVE'S MISSION IS TO CREATE CHANGE IN GOVERNMENT CHILD WELFARE SYSTEMS SO THAT NO CHILD IS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 20
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 20
	6 Total number of volunteers (estimate if necessary) 6 471
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,679,143. Prior Year 7,206,248. Current Year
	9 Program service revenue (Part VIII, line 2g) 154,700. 122,475.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,069. 38,599.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 296. 24,578.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,836,208. 7,391,900.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 57,063. 121,989.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,217,505. 1,648,777.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 47,589.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 657,430. 3,880,817.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,931,998. 5,651,583.	
19 Revenue less expenses. Subtract line 18 from line 12 904,210. 1,740,317.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,806,198. Beginning of Current Year 4,575,967. End of Year
	21 Total liabilities (Part X, line 26) 37,215. 66,667.
	22 Net assets or fund balances. Subtract line 21 from line 20 2,768,983. 4,509,300.

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		Date		
	RANDI THOMPSON, PRESIDENT AND CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ARMEN GRIGORIAN				P01582463
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	QUIGLEY & MIRON	32-0530003		(213) 639-3550	
	Firm's address				
	3550 WILSHIRE BLVD., #1660				
	LOS ANGELES, CA 90010				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: KIDSAVE'S MISSION IS TO CREATE CHANGE IN GOVERNMENT CHILD WELFARE SYSTEMS SO THAT NO CHILD IS FORGOTTEN AND EVERY CHILD GROWS UP IN A FAMILY WITH LOVE AND HOPE FOR A SUCCESSFUL FUTURE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 890,643. including grants of \$) (Revenue \$) WEEKEND MIRACLES

KIDSAVE'S WEEKEND MIRACLES PROGRAM HELPS OLDER KIDS AND TEENS IN FOSTER CARE (AGES 9-17) FIND COMMITTED ADULT RELATIONSHIPS WITH HOST FAMILIES, PERMANENT FAMILIES, AND DEVOTED MENTORS. THESE CHILDREN HAVE SPENT YEARS IN THE CHILD WELFARE SYSTEM. THEY ARE LANGUISHING IN FOSTER CARE WITH LITTLE HOPE FOR ADOPTION, OR A LASTING CONNECTION WITH A CARING ADULT. WEEKEND MIRACLES PROVIDES THESE CHILDREN WITH OPPORTUNITIES TO MEET PEOPLE WHO MIGHT BE WILLING TO HOST, MENTOR OR ADOPT THEM. THE PROGRAM PROVIDES MONTHLY INTERACTIVE EVENTS DESIGNED TO MAKE IT EASY AND FUN FOR OLDER CHILDREN AND TEENS IN FOSTER CARE TO MEET NEW PEOPLE. AN IMPORTANT PART OF THE PROGRAM IS THAT IT PROVIDES YOUTH WITH A VOICE

4b (Code:) (Expenses \$ 1,106,526. including grants of \$ 65,572.) (Revenue \$) PERMANENCY INITIATIVES

AS A VOICE FOR GLOBAL CHANGE, KIDSAVE WORKS TO BUILD AWARENESS AMONG THE PUBLIC AND IN CONGRESS ABOUT THE CHALLENGES THAT CHILDREN IN GOVERNMENT CARE FACE, AND POSSIBLE WAYS TO HELP THEM. KIDSAVE USES ITS DIRECT SERVICE PROGRAMS TO DEMONSTRATE HOW ITS FAMILY VISIT MODEL WORKS, AND SHARES INFORMATION ABOUT ITS PROGRAMS WITH CHILD WELFARE PROFESSIONALS, WITH THE GOAL OF INCREASING GREATER USE OF PERMANENCY FOR OLDER YOUTH.

DEI INITIATIVE - EMBRACE. IN 2022 KIDSAVE BEGAN DEVELOPING THE EMBRACE PROJECT, WHICH STANDS FOR EXPANDING MEANINGFUL BLACK RELATIONSHIPS AND

4c (Code:) (Expenses \$ 2,421,864. including grants of \$ 56,417.) (Revenue \$ 122,475.) KIDSAVE BEGAN WORKING IN UKRAINE IN 2016 AS PART OF A MOVEMENT TO REFORM UKRAINE'S CHILD WELFARE SYSTEM. KIDSAVE HAS A MEMORANDUM OF UNDERSTANDING WITH THE OFFICE OF THE OMBUDSMAN FOR CHILDREN AND THE FAITH-BASED UKRAINE WITHOUT ORPHANS. KIDSAVE IS ALSO A FOUNDING MEMBER OF THE UKRAINE NATIONAL MENTORING ASSOCIATION, ESTABLISHED IN 2018 TO IMPLEMENT KIDSAVE PROGRAMS IN UKRAINE.

CREATING TWO PROGRAMS IN UKRAINE, KIDSAVE BEGAN HELPING UKRAINIAN CHILDREN FIND FOREVER FAMILIES OR GAIN SUCCESSFUL, INDEPENDENT LIVING THROUGH OUR MENTORING AND TRAINING PROGRAMS. KIDSAVE'S CORPORATE MENTORING PROGRAM, PATHWAYS TO SUCCESS, FOR OLDER CHILDREN WHO WILL SOON AGE OUT OF GOVERNMENT CARE, HAS BEEN AT WORK IN KIEV SINCE 2016.

4d Other program services (Describe on Schedule O.) (Expenses \$ 971,752. including grants of \$) (Revenue \$)

4e Total program service expenses 5,390,785.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 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, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
KIDSAVE INTERNATIONAL, INC. - (310) 642-7283
200 CORPORATE POINTE, 325, CULVER CITY, CA 90230

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDI THOMPSON CHIEF EXECUTIVE OFFICER	40.00			X			193,950.	0.	22,116.	
(2) LAUREN REICHER GORDON SENIOR VP AND DIRECTOR OF FAMILY PRO	40.00				X		175,104.	0.	18,666.	
(3) EDWARD HANNAN VICE PRESIDENT AND DIRECTOR OF REVEN	40.00				X		185,000.	0.	3,056.	
(4) ELIZABETH DRESING CO-CHAIR	6.00	X		X			0.	0.	0.	
(5) JONI NOEL CO-CHAIR	5.00	X		X			0.	0.	0.	
(6) ALLYSON B. BAKER DIRECTOR	1.00	X					0.	0.	0.	
(7) AUTUMN RONDA DIRECTOR	1.00	X					0.	0.	0.	
(8) CLAIRE N. LUCAS DIRECTOR	1.00	X					0.	0.	0.	
(9) DAVE GULEZIAN DIRECTOR	1.00	X					0.	0.	0.	
(10) ELLA MARIE SCHIRALLI DIRECTOR	1.00	X					0.	0.	0.	
(11) GERALD A. PORTER DIRECTOR	1.00	X					0.	0.	0.	
(12) JAMES J. KILCOURSE DIRECTOR	2.00	X					0.	0.	0.	
(13) MICHAEL F. BYRNE DIRECTOR	1.00	X					0.	0.	0.	
(14) RICHARD SEATON DIRECTOR	1.00	X					0.	0.	0.	
(15) SHANNON SCOTT-PAUL CO-CHAIR ELECT	1.00	X		X			0.	0.	0.	
(16) WRENN CHAIS DIRECTOR	1.00	X					0.	0.	0.	
(17) DOUG THOMSON TREASURER	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER MILLER TREASURER ELECT	2.00	X						0.	0.	0.
(19) TANIA CHEATER DIRECTOR	1.00	X						0.	0.	0.
(20) MARK GREEN DIRECTOR	1.00	X						0.	0.	0.
(21) CASEY JENKINS DIRECTOR	1.00	X						0.	0.	0.
(22) KELLY O'NEIL DIRECTOR	1.00	X						0.	0.	0.
(23) ALINA ZINCHIK DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								554,054.	0.	43,838.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								554,054.	0.	43,838.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	341,870.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	34,160.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,830,218.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							7,206,248.
Program Service Revenue	2 a SUMMER MIRACLES HOST P	Business Code	900099	122,475.	122,475.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				122,475.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			38,599.			38,599.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 341,870. of contributions reported on line 1c). See Part IV, line 18	8a			320,057.				
b Less: direct expenses	8b			320,057.				
c Net income or (loss) from fundraising events				0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	24,578.			24,578.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				24,578.			
12 Total revenue. See instructions				7,391,900.	122,475.	0.	63,177.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,500.	43,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	500.	500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	77,989.	77,989.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	597,891.	550,631.	37,380.	9,880.
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	760,376.	702,965.	44,507.	12,904.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,083.	8,833.	1,139.	111.
9 Other employee benefits	178,654.	154,619.	21,786.	2,249.
10 Payroll taxes	101,773.	84,892.	15,123.	1,758.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,362.	12,249.		113.
c Accounting	113,075.	48,498.	63,825.	752.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	529,861.	505,436.	574.	23,851.
12 Advertising and promotion	192,023.	170,837.	943.	20,243.
13 Office expenses	273,805.	261,057.	7,373.	5,375.
14 Information technology				
15 Royalties				
16 Occupancy	84,068.	78,713.	4,140.	1,215.
17 Travel	68,527.	66,191.	1,490.	846.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	149,265.	129,089.	680.	19,496.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	18,506.	17,378.	850.	278.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a HUMANITARIAN AID	2,224,147.	2,224,147.		
b RESEARCH FUNDING	149,250.	149,250.		
c MISCELLANEOUS	122,264.	115,853.	2,990.	3,421.
d SUPPLIES	104,971.	99,775.	328.	4,868.
e All other expenses	-161,307.	-111,617.	10,081.	-59,771.
25 Total functional expenses. Add lines 1 through 24e	5,651,583.	5,390,785.	213,209.	47,589.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	343,125.	274,500.	0.	68,625.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,268,854.	1	3,694,990.
	2 Savings and temporary cash investments	171,364.	2	503,853.
	3 Pledges and grants receivable, net	319,015.	3	277,669.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	43,923.	9	96,414.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,585.		
	b Less: accumulated depreciation	10b 10,585.	10c 0.	0.
	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	3,042.	15	3,041.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,806,198.	16	4,575,967.	
Liabilities	17 Accounts payable and accrued expenses	37,215.	17	66,667.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	37,215.	26	66,667.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,326,684.	27	2,798,914.
	28 Net assets with donor restrictions	442,299.	28	1,710,386.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,768,983.	32	4,509,300.
33 Total liabilities and net assets/fund balances	2,806,198.	33	4,575,967.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,391,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,651,583.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,740,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,768,983.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,509,300.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,144,019.	1,579,220.	2,100,610.	2,679,143.	7,206,248.	15,709,240.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,144,019.	1,579,220.	2,100,610.	2,679,143.	7,206,248.	15,709,240.
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)						2,717,563.
6 Public support. Subtract line 5 from line 4.						12,991,677.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,144,019.	1,579,220.	2,100,610.	2,679,143.	7,206,248.	15,709,240.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	60.			2,069.	38,599.	40,728.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...		2,640.	878.			3,518.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,729.	1,314.	6,077.	296.	189,494.	198,910.
11 Total support. Add lines 7 through 10						15,952,396.
12 Gross receipts from related activities, etc. (see instructions)					12	277,175.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	81.44 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	93.60 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

KIDSAVE INTERNATIONAL, INC.

Employer identification number

91-1887623

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>233,755.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>225,067.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization KIDSAVE INTERNATIONAL, INC.	Employer identification number 91-1887623
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,889,658.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	177,700.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	320,058.
e	Add lines 2a through 2d	2e	497,758.
3	Subtract line 2e from line 1	3	7,391,900.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,391,900.

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

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

1	Total expenses and losses per audited financial statements	1	6,149,341.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	177,700.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	320,058.
e	Add lines 2a through 2d	2e	497,758.
3	Subtract line 2e from line 1	3	5,651,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,651,583.

Part XIII Supplemental Information.

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

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT DECEMBER 31, 2022. GENERALLY, KIDSAVE'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION FOR THREE (FEDERAL) AND THREE OR FOUR (STATES) YEARS FROM THE DATE OF FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 320,058.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	0	1	PROGRAM SERVICES, GRANTMAKING	OPERATE KIDSAVE PROGRAMS IN COLOMBIA TO CREATE AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY	21,532.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	1	PROGRAM SERVICES, GRANTMAKING	KIDSAVE'S SIERRA LEONE PROGRAMME MOVES CHILDREN OUT OF ORPHANAGES AND REUNIFIES THEM WITH KIN.	56,598.
3 a Subtotal	0	2			78,130.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	2			78,130.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	IN COUNTY SUPPORT FOR THE SUMMER COLOMBIA MIRACLES PROGRAM.	21,532.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO HELP KIDS WHOSE PARENTS DIED FROM EBOLA WHO ARE STILL LIVING IN AN INTERIM	56,568.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

DIRECT OVERSIGHT THROUGH IN-PERSON VISITS AND WRITTEN PROGRESS/WORK
REPORTS FROM GRANTEE.

PART I, LINE 3:

BOOK VALUE

PART I, LINE 3, COLUMN (E):**(A) REGION:**

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,

**(E) SPECIFIC TYPES OF SERVICES IN REGION: OPERATE KIDSAVE PROGRAMS IN
COLOMBIA TO CREATE AN ENVIRONMENT TO FOSTER CHILDREN'S STABILITY THROUGH
ADVOCACY IN ORDER TO INCREASE EACH CHILD'S LIKELIHOOD OF ADOPTION OR A
LASTING CONNECTION TO A CARING ADULT MENTOR.**

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

**(E) SPECIFIC TYPES OF SERVICES IN REGION: KIDSAVE'S SIERRA LEONE
PROGRAMME MOVES CHILDREN OUT OF ORPHANAGES AND REUNIFIES THEM WITH KIN.
WHEN KIN CANNOT BE FOUND, THE CHILDREN ARE MOVED INTO THE HOMES OF HOST
FAMILIES.**

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

**(D) PURPOSE OF GRANT: TO HELP KIDS WHOSE PARENTS DIED FROM EBOLA WHO ARE
STILL LIVING IN AN INTERIM CARE CENTRE OR AN ORPHANAGE FIND A PERMANENT
FAMILY.**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NATIONAL GALA (event type)	LA GOLF 2022 (event type)	NONE (total number)	
Revenue	1 Gross receipts	535,722.	126,205.		661,927.
	2 Less: Contributions	306,875.	34,995.		341,870.
	3 Gross income (line 1 minus line 2)	228,847.	91,210.		320,057.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,049.	1,805.		4,854.
	7 Food and beverages	65,222.	32,003.		97,225.
	8 Entertainment	14,988.			14,988.
	9 Other direct expenses	145,588.	57,402.		202,990.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				320,057.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: CA

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOLT INTERNATIONAL 250 COUNTRY CLUB RD EUGENE, OR 97401	23-7257390	501C(3)	7,500.	0.			PAYMENT MADE FOR ADOPTION FEES AND POST PLACEMENT SERVICES
WIDE HORIZONS FOR CHILDREN 375 TOTTEN POND RD SUITE #100 WALTHAM, MA 02451	04-2564960	501C(3)	36,000.	0.			PAYMENT MADE FOR DIRECT ADOPTION ASSISTANCE FOR FAMILIES ADOPTING

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

KIDSAVE INTERNATIONAL, INC.

Employer identification number

91-1887623

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <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 (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RANDI THOMPSON CHIEF EXECUTIVE OFFICER	(i)	193,950.	0.	0.	7,938.	14,178.	216,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAUREN REICHER GORDON SENIOR VP AND DIRECTOR OF FAMILY PRO	(i)	175,104.	0.	0.	4,533.	14,133.	193,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EDWARD HANNAN VICE PRESIDENT AND DIRECTOR OF REVEN	(i)	185,000.	0.	0.	2,150.	906.	188,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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:

FORGOTTEN AND EVERY CHILD GROWS UP IN A FAMILY WITH LOVE AND HOPE FOR A
SUCCESSFUL FUTURE. THE ORGANIZATION'S PROGRAMMATIC CORNERSTONE IS ITS
FAMILY VISIT MODEL, AN INNOVATIVE METHOD FOR ENGAGING ADULTS AND
CHILDREN, AND PROVIDING CHILDREN WITH VOLUNTEER ADVOCATES WHO CAN HELP
THEM FIND PERMANENT FAMILIES AND CONNECTIONS TO CARING ADULT MENTORS.

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

AND CHOICE IN WHOM THEY GET TO KNOW AND DEVELOP RELATIONSHIPS WITH,
WHICH EMPOWERS AND ENGAGES YOUTH IN THE PROCESS, AND BUILDS THEIR
CONFIDENCE AND SELF-ESTEEM.

ONCE INTERESTED FAMILIES AND KIDS MEET AND GET TO KNOW EACH OTHER AT
KIDSAVE'S MONTHLY CONNECTION EVENTS, RELATIONSHIPS DEVELOP NATURALLY.
YOUTH WHO ARE INTERESTED IN ADOPTION ARE MATCHED WITH HOST FAMILIES WHO
EITHER HOPE TO ADOPT OR CHAMPION ON A YOUTH'S BEHALF FOR AN ADOPTIVE
FAMILY. YOUTH WHO ARE NOT INTERESTED IN ADOPTION ARE MATCHED WITH A
CARING HOST MENTOR WHO PROVIDES SUPPORT AND GUIDANCE. IN SOME CASES,
HOST FAMILIES ADOPT THE FOSTER YOUTH THEY HOST. IN OTHERS, YOUTH MEET
FAMILIES WHO ADOPT THEM THROUGH OTHER ADVOCACY EFFORTS. KIDSAVE'S GOAL
IS TO FIND FAMILIES AND MENTORING SUPPORT SYSTEMS FOR OLDER KIDS BY
MAKING IT EASIER FOR ADULTS IN THE COMMUNITY TO MEET AND ENGAGE WITH
OLDER KIDS WHO WOULD OTHERWISE NOT HAVE THE OPPORTUNITY.

LOS ANGELES COUNTY. WEEKEND MIRACLES LOS ANGELES IS A PUBLIC/PRIVATE
PARTNERSHIP, LAUNCHED IN OCTOBER 2005, BETWEEN KIDSAVE AND THE COUNTY

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OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS). IN 2022 WEEKEND MIRACLES LOS ANGELES HOSTED MONTHLY EVENTS WHERE 104 KIDS WERE IN ATTENDANCE. OF THE 104 CHILDREN AND TEENS SERVED IN 2022, SEVENTY-EIGHT (78) ACTIVELY PARTICIPATED THROUGH THE YEAR; 46% OF THESE YOUTH WERE CONNECTED TO WEEKEND HOSTS, ADOPTIVE MATCHES, LEGAL GUARDIANS, OR NONRELATED EXTENDED FAMILY MEMBERS.

SINCE OCTOBER 2005 WEEKEND MIRACLES LOS ANGELES HAS SERVED 574 CHILDREN AND TEENS; 72% OF THE ACTIVE PARTICIPANTS HAVE FOUND A CONNECTION THROUGH AN ADOPTIVE MATCH, LEGAL GUARDIANSHIP, FAMILY REUNIFICATION, OR A LASTING RELATIONSHIP.

DURING 2022, WEEKEND MIRACLES LOS ANGELES PARTNERED WITH DCFS, FOSTERALL, AND EXPRESSIONS 58 TO ORGANIZE AND FACILITATE THE SECOND ANNUAL CAMP CONNECT, AN OVERNIGHT WEEKEND CAMP EXPERIENCE. CAMP CONNECT FOCUSED ON HELPING 26 OLDER FOSTER YOUTH (AGES 12-17) WHO WERE RELUCTANT TO TRUST AND BUILD HEALTHY RELATIONSHIPS WITH ADULTS TO BECOME MORE OPEN TO BUILDING SAFE ADULT CONNECTIONS. THE WEEKEND EXPERIENCE INCLUDED TEAM BUILDING ACTIVITIES, INTERACTIVE ART WORKSHOPS, AS WELL AS INSPIRATIONAL SPEAKERS WHO ADDRESSED HOW TO IDENTIFY HEALTHY RELATIONSHIPS AND SAFE BOUNDARIES. ADDITIONALLY, YOUTH AND ADULTS WHO HAD EXPERIENCED FOSTER CARE OR HAD BEEN ADOPTED SHARED THEIR EXPERIENCES AND THE IMPORTANCE OF ADULT CONNECTIONS. AFTER EVALUATING THE POST-CAMP SURVEYS OF THE SIXTEEN (16) YOUTH WHO WERE NOT ALREADY PARTICIPATING IN WEEKEND MIRACLES LOS ANGELES, 13 OF THE YOUTH (81%) WHO WERE CLOSED OR AMBIVALENT ABOUT BUILDING LONG-LASTING ADULT CONNECTIONS BECAME MORE OPEN. ELEVEN (11) OF THESE 16 YOUTH, 69% WERE REFERRED TO WEEKEND MIRACLES LOS ANGELES.

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OUT OF THE 26 PARTICIPANTS, SEVEN YOUTH WERE SUBSEQUENTLY MATCHED WITH FAMILIES PURSUING ADOPTION, THREE YOUTH FOUND PERMANENCY WITH A LEGAL GUARDIAN, AND ONE MET HIS HOST AT CAMP. BASED ON THE SUCCESS OF THIS SECOND CAMP EFFORT, KIDSAVE AND ITS PARTNERS BEGAN PLANNING A THIRD CAMP CONNECT FOR 2023.

HOUSTON, TEXAS. WEEKEND MIRACLES HOUSTON HOSTED ITS FIRST CONNECTION EVENT IN OCTOBER 2020. SINCE THEN, 86 CHILDREN AND TEENS HAVE BEEN SERVED BY THIS PROGRAM. IN 2022 WEEKEND MIRACLES HOUSTON SERVED 56 FOSTER YOUTH, 38 OF WHOM REMAINED ACTIVE THROUGHOUT THE YEAR. EIGHTEEN (18) ACTIVE YOUTH (47%) WERE CONNECTED TO WEEKEND HOSTS, ADOPTIVE MATCHES, LEGAL GUARDIANS OR NONRELATED EXTENDED FAMILY MEMBERS. WEEKEND MIRACLES HOUSTON HELD 12 IN-PERSON CONNECTION EVENTS IN 2022. THE CHILDREN SERVED BY WEEKEND MIRACLES HOUSTON IN 2022 COME FROM MORE THAN 15 COUNTIES ACROSS TEXAS, SPANNING NINE DFPS REGIONS.

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

CREATING EQUITY, TO ADDRESS THE DISPROPORTIONATE RATE AT WHICH BLACK YOUTH ARE OVERREPRESENTED IN U.S. FOSTER CARE AND UNDERREPRESENTED IN ADOPTION. IN THE 3RD QUARTER OF 2022, KIDSAVE BEGAN CONDUCTING PRELIMINARY RESEARCH IN THE FORM OF A LITERATURE REVIEW TO EVALUATE THE EXISTING RESEARCH ON THE OVERREPRESENTATION OF BLACK YOUTH IN FOSTER CARE, AND TO IDENTIFY ANY RESEARCH EXAMINING BARRIERS OR CAUSES PREVENTING BLACK FAMILIES FROM PROVIDING FOSTER CARE OR ADOPTING. KIDSAVE'S PRELIMINARY RESEARCH FOUND THAT, WHILE THERE IS MUCH EXISTING RESEARCH ABOUT THE OVERREPRESENTATION OF BLACK YOUTH IN U.S. FOSTER CARE AND THE NEGATIVE IMPACTS ASSOCIATED WITH THEIR TIME IN CARE, THERE

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IS LIMITED RESEARCH ON POTENTIAL ADOPTIVE FAMILIES OR OTHERS WHO COULD PROVIDE SUPPORT TO THESE CHILDREN AND BARRIERS PREVENTING BLACK AMERICANS FROM PROVIDING FOSTER CARE OR ADOPTING.

IN THE 4TH QUARTER OF 2022, KIDSAVE ESTABLISHED A PARTNERSHIP WITH THE GALLUP CENTER ON BLACK VOICES AND THE DAVE THOMAS FOUNDATION FOR ADOPTION TO LAUNCH A NATIONAL STUDY USING QUANTITATIVE AND QUALITATIVE DATA COLLECTION METHODS TO BETTER UNDERSTAND PERCEPTIONS AND BARRIERS PREVENTING BLACK AMERICANS FROM PROVIDING FOSTER CARE OR ADOPTING.

KIDSAVE ASSEMBLED A TASK FORCE OF CHILD WELFARE PRACTITIONERS, INDUSTRY LEADERS, ACTIVISTS, AND

INDIVIDUALS WITH EXPERIENCE IN THE CHILD WELFARE SYSTEM TO OVERSEE THE PROJECT; WE BEGAN DEVELOPING INSTRUMENTATION TO BEGIN DATA COLLECTION IN THE 1ST QUARTER OF 2023.

COLLABORATIVE PARTNERSHIPS. IN 2022 IN LOS ANGELES COUNTY, KIDSAVE WAS ACTIVE IN SEVERAL PUBLIC-PRIVATE SECTOR COMMITTEES THAT ADDRESS PERMANENCY FOR LOS ANGELES COUNTY FOSTER YOUTH, WHICH INCLUDE: (1) THE LOS ANGELES COUNTY ADOPTION CONSORTIUM, A COLLABORATIVE DEDICATED TO EDUCATING STAKEHOLDERS ON NEW LEGISLATION, COUNTY POLICIES, AND ISSUES AFFECTING PERMANENCY; (2) THE PERMANENCY COLLABORATION COMMITTEE, A PARTNERSHIP BETWEEN KIDSAVE AND THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) OF L.A. COUNTY PROBATION DEPARTMENT, WORKING TO IMPROVE PERMANENCY OUTCOMES FOR PROBATION YOUTH; (3) CASA OF LOS ANGELES, WHICH MOBILIZES COMMUNITY VOLUNTEERS TO ADVOCATE FOR CHILDREN WHO HAVE EXPERIENCED ABUSE AND NEGLECT; (4) FOSTERALL, AN ORGANIZATION THAT RECRUITS PROSPECTIVE FOSTER PARENTS FROM FAITH COMMUNITIES AND HELPS

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FAMILIES SELECT THE AGENCY THAT IS BEST SUITED FOR THEM BY PROVIDING ONGOING PERSONAL SUPPORT THROUGHOUT THEIR FOSTER/ADOPT EXPERIENCE; (5) FOSTER TOGETHER NETWORK (FTN), A COLLECTIVE IMPACT INITIATIVE OF PUBLIC AND PRIVATE STAKEHOLDERS COMMITTED TO INCREASING ACCESS TO HIGH QUALITY CARE FOR CHILDREN PLACED IN LOS ANGELES COUNTY'S FOSTER CARE SYSTEM; (6) KIDSAVE WAS ACTIVE IN FTN'S EQUITY COMMITTEE, A SUBCOMMITTEE FORMED TO INCREASE AND ENHANCE THE PROVISION OF CULTURALLY RESPONSIVE AND COMPETENT CARE FOR BLACK CHILDREN, IN EFFORT TO FACILITATE WELL-BEING AND IMPROVE THEIR LIFE OUTCOMES; AND (7) FOSTERMORE, A COALITION OF MEDIA AND ENTERTAINMENT COMPANIES, FOUNDATIONS, NON-PROFITS, BUSINESSES AND PHILANTHROPIC ORGANIZATIONS WORKING TO CREATE GREATER UNDERSTANDING, EMPATHY, AND ACTION TO IMPROVE THE FUTURE OF YOUTH IN FOSTER CARE.

IN 2022 KIDSAVE ALSO WORKED WITH (1) THE LOS ANGELES COUNTY OFFICE OF CHILD PROTECTION, AN INDEPENDENT OFFICE REPORTING TO THE LOS ANGELES COUNTY BOARD OF SUPERVISORS WHOSE OVERARCHING GOAL IS TO WORK WITH A WIDE VARIETY OF PARTNERS TO IMPROVE THE CHILD WELFARE SYSTEM; (2) THE FOLLOWING FOSTER FAMILY AGENCIES: EXTRAORDINARY FAMILIES, ALLIES FOR EVERY CHILD, KOINONIA AND PENNY LANE; AND (3) RAISEACHILD, A LEADER IN THE RECRUITMENT AND SUPPORT OF LGBTQIA AND ALL PROSPECTIVE PARENTS INTERESTED IN BUILDING FAMILIES THROUGH FOSTERING AND FOSTERING-TO-ADOPT, TO MEET THE NEEDS OF THE CHILDREN IN FOSTER CARE, AND BUILDING LOVING FAMILIES FOR FOSTER CHILDREN. KIDSAVE CONTINUED TO PARTNER WITH RAISEACHILD AT THEIR MONTHLY PARENT MATCHING EVENTS, WHERE FOSTER YOUTH WHO PARTICIPATE IN THE WEEKEND MIRACLES PROGRAM ARE FREQUENTLY PRESENTED FOR ADOPTION. BECAUSE KIDSAVE AND THE HOST FAMILIES WHO PARTICIPATE IN WEEKEND MIRACLES ENGAGE WITH AND LEARN

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ABOUT PARTICIPATING KIDS IN A WAY THAT THEIR SOCIAL WORKERS AND CAREGIVERS SELDOM DO, KIDSAVE CAN BRING A UNIQUE STRENGTH-BASED PERSPECTIVE TO ADVOCACY FOR THESE KIDS AT MATCHING EVENTS.

IN 2022 IN TEXAS, KIDSAVE WAS A MEMBER OF THE REGION 6 FOSTER CARE STAKEHOLDER COLLABORATIVE, THE TEXAS ALLIANCE OF CHILD AND FAMILY SERVICES, GREATER HOUSTON AREA WOMEN'S CHAMBER OF COMMERCE, THE CONROE CHAMBER OF COMMERCE, THE GREATER HOUSTON LGBT CHAMBER OF COMMERCE, THE CHILD WELFARE SECTION OF THE TEXAS STATE BAR, THE TEXAS FOSTER CARE ASSOCIATION, THE REGION 6 DATA WORKGROUP, THE REGION 6 CCSS PREVENTION WORKGROUP, THE REGION 6 CCSS COMMUNITY ADVISORY COMMITTEE, AND THE REGION 6 CCSS BUILDING CAPACITY COMMITTEE. IN 2022 KIDSAVE HAD MOUS WITH HEARTS WITH HOPE GRO/RTC, EMBRACING DESTINY GRO/RTC, OPEN ARMS, OPEN HEARTS GRO/RTC, AND THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS). KIDSAVE PARTNERED WITH THE FOLLOWING CHILD PLACEMENT AGENCIES IN 2022: THE SANCTUARY, ARROW CHILD & FAMILY SERVICES, AND ARMS WIDE, AND THE FOLLOWING NGOS: RIVERSIDE PROJECT, HARRIS COUNTY YOUTH COLLECTIVE, LOVE FOSTERS HOPE, AND BEAR. KIDSAVE ALSO COLLABORATED WITH NUMEROUS ADDITIONAL GRO/RTC ORGANIZATIONS, NGOS, AND CHILD PLACEMENT AGENCIES.

PUBLIC EDUCATION AND OUTREACH. KIDSAVE'S WEBSITE, BLOG AND SOCIAL MEDIA POSTS FOCUSED ON SHARING INFORMATION ABOUT CHILDREN IN NEED OF FAMILIES AND BOLSTERED ENGAGEMENT AND SUPPORT FOR THE CHILDREN THROUGH HOSTING, VOLUNTEERING, DONATING, AND ADOPTING. THROUGH KIDSAVE'S SOCIAL MEDIA PLATFORMS MORE THAN 34,000 PEOPLE REGULARLY SAW ADVOCACY IMAGES OF SPECIFIC CHILDREN, WHICH GENERATED HUNDREDS OF INQUIRIES AND RESPONSES.

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KIDSAVE ALSO USES EVENTS TO EDUCATE PEOPLE ABOUT KIDSAVE'S MISSION, THE NEED FOR CHILDREN WORLDWIDE TO LIVE IN FAMILIES, AND SPECIFIC CHILDREN WHO NEED PERMANENT FAMILIES. IN 2022 KIDSAVE HELD TWO IN-PERSON GALAS - ONE IN LOS ANGELES AND THE OTHER IN WASHINGTON, DC. THESE GALAS BROUGHT AWARENESS OF THE NEED FOR OLDER, FORGOTTEN CHILDREN TO HAVE FAMILY CONNECTIONS AND RAISED FUNDS TO SUPPORT PERMANENCY PROGRAMS. IN 2022 KIDSAVE ALSO HELD AN IN-PERSON GOLF TOURNAMENT AND A HIKE FOR FOSTER YOUTH IN LOS ANGELES.

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

IN ADDITION TO THE MENTORING WORK, KIDSAVE'S FAMILY VISIT PROGRAM, IN PARTNERSHIP WITH NON-GOVERNMENTAL ORGANIZATIONS, SUNRISE OF DREAMS AND MOI DOM, OPERATED IN KHERSON AND MYKOLAIV SINCE 2019. KIDSAVE'S FAMILY VISIT PROGRAM WAS CREATED TO HELP SAFELY AND EFFECTIVELY MOVE OLDER ORPHANED CHILDREN INTO FAMILY CARE. PLANS WERE UNDERWAY TO EXPAND OUR PROGRAMS TO THREE MORE REGIONS WHEN THE INVASION BEGAN.

ON FEBRUARY 24, 2022 WHEN RUSSIA INVADED UKRAINE, KIDSAVE ACTED QUICKLY TO GET ORPHANS AND OTHER CHILDREN TO SAFETY. UNDER THE LEADERSHIP OF PAVLO SHULHA, OUR TEAM BEGAN EVACUATING ORPHANAGES AND FAMILIES FROM MYKOLAIV AND KHERSON TO SAFETY IN WESTERN UKRAINE. IN 2022 ITS DEDICATED TEAM OF THREE KIDSAVE LEADERS AND OVER 300 VOLUNTEERS RESCUED OVER 30,000 PEOPLE AND PROVIDED NEARLY 2,000 TONS OF MUCH-NEEDED HUMANITARIAN AID. KIDSAVE'S ANGELS OF HOPE TEAM IN UKRAINE WAS ONE OF THE FEW GROUPS THAT STILL TRAVELED INTO ACTIVE COMBAT ZONES TO RESCUE PEOPLE AND PROVIDE AID THROUGHOUT 2022.

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IN RESPONSE TO THE DIRE FOOD SHORTAGE IN UKRAINE, THE ANGELS OF HOPE DEVELOPED A FOOD DISTRIBUTION SYSTEM THAT FED OVER 25,000 PEOPLE REGULARLY. AND AS WINTER APPROACHED, KIDSAVE'S ANGELS OF HOPE PARTNERED WITH WE STAND WITH UKRAINE TO IMPLEMENT PROJECT WARMTH: AN INITIATIVE TO PROVIDE GENERATORS AND WINTER ESSENTIALS TO 500 PEOPLE IN MYKOLAIV, ZAPORIZHZHIA, KHARKIV, AND THE NEWLY LIBERATED KHERSON REGION.

DURING THIS TIME, KIDSAVE'S TEAM ALSO WORKED DILIGENTLY TO ENSURE ITS CORE PROGRAMS CONTINUED IN UKRAINE. OUR CORPORATE MENTORING PROGRAM, PATHWAYS TO SUCCESS, PROVIDED MENTORSHIP AND CAREER-READINESS TRAINING TO TEENS EXITING OR SOON-TO-EXIT INSTITUTIONAL CARE. DURING 2022 THE TEAM ALSO PROVIDED A VITAL LIFELINE TO THESE YOUTH, PROVIDING TRAUMA THERAPY AND RESOURCES TO HELP THEM COPE WITH THE EFFECTS OF THIS DEVASTATING WAR. KIDSAVE PLANS TO EXPAND THESE EFFORTS WITH THE DEVELOPMENT OF THE KIDSAVE MIRACLES CENTER. IN 2022 TWO HUNDRED AND SEVEN (207) TEENS PARTICIPATED IN PATHWAYS TO SUCCESS, AND 24 ORPHANED CHILDREN WERE PLACED IN FAMILIES. EIGHT HUNDRED FIVE (805) TEENS HAVE PARTICIPATED IN PATHWAYS TO SUCCESS SINCE 2018.

IN DECEMBER 2022, KIDSAVE'S PARTNERS WERE GIFTED A PLOT OF LAND IN THE CARPATHIAN MOUNTAINS OF WESTERN UKRAINE WHERE KIDSAVE AND ITS UKRAINIAN PARTNER ORGANIZATIONS ARE BUILDING THE KIDSAVE MIRACLES CENTER. NESTLED ON 6.5 ACRES OF LAND, THIS MULTI-FUNCTIONAL SPACE WILL BE USED TO PROVIDE SAFE REFUGE, TRAIN CHILD WELFARE PROFESSIONALS ON TRAUMA THERAPY AND KIDSAVE PROGRAM MODELS, PROVIDE A CONNECTION SPACE FOR CHILDREN TO MEET FOSTER AND ADOPTIVE FAMILIES AND BECOME A PLACE OF HEALING, OFFERING TRAUMA THERAPY AND COUNSELING SERVICES. MOREOVER, IT WILL SERVE AS A PLACE FOR THE TEENS IN KIDSAVE'S PATHWAYS TO SUCCESS

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PROGRAM TO RECEIVE JOB TRAINING AND DEVELOP PROFESSIONAL SKILLS. THE KIDSAVE MIRACLES CENTER IS A MULTI-YEAR, \$2.5 MILLION DEVELOPMENT PROJECT, WITH PHASE 1, TRAINING AND SAFE HOUSING FACILITIES, PLANNED FOR COMPLETION IN 2023.

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

SUMMER MIRACLES

KIDSAVE'S SUMMER MIRACLES PROGRAM BRINGS OLDER CHILDREN (AGE 9 TO 15) WHO NEED PERMANENT FAMILIES, FROM COLOMBIA TO THE U.S. FOR SUMMER VISITS. THESE ARE CHILDREN WHO LIVE IN INSTITUTIONS AND FOSTER HOMES, HAVE NO CHANCE OF RETURNING TO BIOLOGICAL FAMILIES AND WHO HAVE LITTLE OR NO CHANCE OF FINDING ADOPTIVE PARENTS IN THEIR OWN COUNTRY. FAMILIES WHO HOST THE CHILDREN HELP THEM ENJOY A RICH CULTURAL EXPERIENCE AND, MORE IMPORTANTLY, WORK TOGETHER WITH KIDSAVE STAFF AND VOLUNTEERS TO CHAMPION THE CHILDREN, REACHING OUT TO THEIR CIRCLES OF FRIENDS, ACQUAINTANCES, AND COMMUNITIES TO FIND FAMILIES INTERESTED IN ADOPTION.

IN 2022 KIDSAVE FACILITATED TWO FAMILY VISIT PROGRAMS IN THE SUMMER AND WINTER BRINGING A TOTAL OF 63 CHILDREN FROM COLOMBIA, TO STAY WITH HOST FAMILIES IN THE U.S. OF THE 63 KIDS WHO TRAVELED, 54 WERE FOUND TO BE READY FOR ADOPTION IN THE U.S. AS OF DECEMBER 31, 2022, OF THOSE 54 CHILDREN, 89% (48 CHILDREN) HAVE A FAMILY PURSUING ADOPTION. SINCE THE PROGRAM'S INCEPTION IN 1999, TWO THOUSAND ONE HUNDRED AND EIGHT (2,108) OLDER CHILDREN HAVE PARTICIPATED IN KIDSAVE'S SUMMER MIRACLES PROGRAM; 77% OF THESE CHILDREN HAVE FOUND PERMANENT FAMILIES.

PRIOR TO THE SUMMER AND WINTER VISITS IN 2022, KIDSAVE HELPED THE

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COLOMBIAN CHILD WELFARE AGENCY, INSTITUTO COLOMBIANO DE BIENESTAR FAMILIAR (ICBF), IDENTIFY CHILDREN WHO WERE APPROPRIATE FOR KIDSAVE'S SUMMER MIRACLES PROGRAM AND RECRUITED AMERICAN HOST FAMILIES. BEFORE TRAVELING TO THE U.S., THE CHILDREN AND HOST FAMILIES HAD THE OPPORTUNITY TO MEET EACH OTHER VIA ZOOM.

DURING THE TIME THE CHILDREN WERE IN THE U.S., THEY ENJOYED EVENTS FILLED WITH FUN ACTIVITIES, AND EXPERIENCED MANY "FIRSTS", SUCH AS VISITING AMUSEMENT PARKS, SWIMMING, BOWLING, ATTENDING BASEBALL GAMES AND OTHER SPORTING EVENTS-ALL WHILE BUILDING RELATIONSHIPS WITH THEIR HOST FAMILIES.

AFTER THE CHILDREN RETURNED TO COLOMBIA, KIDSAVE PROVIDED SUPPORT TO PROSPECTIVE ADOPTIVE FAMILIES AND WORKED COLLABORATIVELY WITH PARTNER ADOPTION AGENCIES. KIDSAVE ALSO BEGAN OUTREACH EFFORTS TO RECRUIT PROSPECTIVE HOST FAMILIES FOR THE SUMMER 2023 PROGRAM.

KIDSAVE'S SUMMER MIRACLES COMMUNITIES ARE LED BY VOLUNTEER COORDINATORS IN THE NEW YORK TRI-STATE AREA (NEW YORK, NEW JERSEY, AND CONNECTICUT), WASHINGTON, DC METRO AREA (DISTRICT OF COLUMBIA, MARYLAND, AND VIRGINIA), CHICAGO, MINNESOTA (TWIN CITIES), NORTHERN CALIFORNIA AND SOUTHERN CALIFORNIA. ALL COMMUNITY VOLUNTEERS, HOST FAMILIES, AND KIDSAVE STAFF CHAMPIONED EACH CHILD TO FIND THEM AN ADOPTIVE FAMILY. IN ADDITION TO THE CHILDREN HOSTED IN SUMMER MIRACLES COMMUNITIES, THESE CHILDREN ARE PLACED WITH HOST FAMILIES IN CITIES THROUGHOUT THE CONTINENTAL U.S.

THE GOVERNMENT OF COLOMBIA HAS INCORPORATED THE PREMISE OF KIDSAVE'S

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HOSTING MODEL, FAMILY VISITS FOR YOUTH IN FOSTER CARE AND ORPHANAGES, AS ITS PRIMARY STRATEGY FOR FINDING FAMILIES FOR OLDER, HARD-TO-PLACE YOUTH. OVER THE 24 YEARS THAT SUMMER MIRACLES HAS BEEN IN OPERATION, MORE THAN 65 PLACEMENT AGENCIES AND NONPROFITS HAVE OPERATED SUMMER HOSTING VISITS.

COLOMBIA

KIDSAVE'S FAMILY VISIT PROGRAM SUPPORTS THE COLOMBIAN GOVERNMENT'S PRIORITY OF FAMILY INCLUSION FOR CHILDREN IN GOVERNMENT PROTECTION. FUNDACIN APEGO BECAME INDEPENDENT OF KIDSAVE IN 2018 AND CONTINUES TO SUCCESSFULLY OPERATE KIDSAVE'S FAMILY VISIT MODEL/SUPER AMIGOS PROGRAM AND MAMA MENTORA PROGRAM. FUNDACIN APEGO IS AN INDIGENOUS COLOMBIAN ORGANIZATION THAT FOCUSES ON THE FUNDAMENTAL RIGHTS OF CHILDREN, TEENS AND FAMILIES, AND WORKS WITH GIRLS IN EARLY PREGNANCY TO DEVELOP STRONG MATERNAL BONDS AND BREAK THE CYCLE OF CHILD ABANDONMENT. KIDSAVE CONTINUES TO SHARE LESSONS LEARNED AND PROVIDE FUNDACIN APEGO WITH TRAINING AND SUPPORT AS NEEDED, WHICH SERVES OUR JOINT COMMITMENT OF FINDING FAMILIES AND MENTORS, AND ASSISTING WITH THE DEVELOPMENT OF LIFE SKILLS, FOR OLDER ORPHANED AND ABANDONED CHILDREN IN COLOMBIA.

AFRICA

KIDSAVE'S SIERRA LEONE PROGRAMME MOVES CHILDREN OUT OF ORPHANAGES AND, WHENEVER POSSIBLE, REUNITES THEM WITH EXTENDED FAMILY MEMBERS (KIN). WHEN REUNIFICATION WITH KIN IS NOT POSSIBLE, KIDSAVE IDENTIFIES NEW FAMILIES FOR THESE CHILDREN THROUGH COMMUNITY CONNECTION EVENTS THAT HELP THE CHILDREN AND INTERESTED FAMILIES GET ACQUAINTED. THESE

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FAMILIES HOST THE CHILD IN THEIR HOME, WHICH PROVIDES THE CHILD WITH STABILITY, SUPPORT AND AN OPPORTUNITY TO REMAIN IN SCHOOL. MOST OF THESE CHILDREN WERE ORPHANED DUE TO THE EBOLA VIRUS. KIDSAVE WORKS WITH ITS PARTNER, THE FOUNDATION FOR INTEGRATED DEVELOPMENT (FID). FID PROVIDES FAMILY TRACING, CASE MINING, REUNIFICATION, TRAINING OF FAMILIES AND PARA-SOCIAL WORKERS, AND MONITORING OF CHILDREN PLACED WITH KIN OR HOST FAMILIES.

MONITORING TAKES PLACE AT ONE-MONTH, THREE-MONTH AND SIX-MONTH INTERVALS AFTER PLACEMENT. CHILDREN ARE MONITORED TO BE SURE THEY ARE HEALTHY, HAPPY, GOING TO SCHOOL, WELL FED, AND GENERALLY PROVIDED FOR APPROPRIATELY. KIDSAVE ALSO PROVIDES SCHOOL SUPPORT FOR THESE CHILDREN WHEN NEEDED, INCLUDING BOOKS, BOOKBAGS, UNIFORMS AND SCHOOL FEES.

IN 2022 KIDSAVE CONDUCTED FAMILY-TRACING AND CASE-MINING FOR OLDER ORPHANS WHO BELIEVED THEY HAD LIVING RELATIVES WHO COULD RAISE THEM. AS A RESULT, 117 CHILDREN WERE PLACED WITH KIN OR HOST FAMILIES. THIRTY-FOUR (34) OF THESE CHILDREN AND THEIR FAMILIES WERE PROVIDED WITH SCHOOL AND AGRICULTURAL SUPPORT. KIDSAVE AND FID TRAINED 1,380 CAREGIVERS, SOCIAL WORKERS AND STAKEHOLDERS ABOUT THE RIGHTS OF CHILDREN, THEIR PROPER CARE, AND HOW TO MONITOR AND PROTECT THEM. KIDSAVE AND FID ALSO DEVELOPED 20 ACRES OF INLAND VALLEY SWAMPS FOR RICE AND VEGETABLE PRODUCTION IN FOUR COMMUNITIES IN THE PUJEHUN DISTRICT. THIS DEVELOPMENT IS AN EXPANSION OF AN ECONOMIC STRENGTHENING PROGRAM KIDSAVE STARTED IN 2019 FOR 40 HOUSEHOLDS IN THIS DISTRICT.

EXPENSES \$ 971,752. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY OUR OUTSIDE AUDITOR. FOLLOWING THE COMPLETION OF A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND A DRAFT OF FORM 990, THE OUTSIDE AUDITOR MEETS WITH THE FULL BOARD OF DIRECTORS TO REVIEW THE FINANCIAL STATEMENTS AND FORM 990 TO ASSURE THAT ALL REPRESENTATIONS AND ANSWERS TO ISSUES, COMMENTS, AND QUESTIONS ARE ACCURATE.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES THAT A DIRECTOR SHALL EXCUSE HIMSELF OR HERSELF FROM ANY VOTE UPON WHICH SUCH DIRECTOR, OR ANY MEMBER OF HIS IMMEDIATE FAMILY, HAS A MATERIAL FINANCIAL INTEREST. PRIOR TO EACH VOTE ON ORGANIZATION MATTERS, DIRECTORS ARE ASKED TO ABSTAIN AS APPROPRIATE, BASED ON THE CONFLICT OF INTEREST POLICY. ANY CONFLICTS IN APPLICATION OF THE CONFLICT OF INTEREST POLICY ARE REFERRED TO THE COMPLIANCE COMMITTEE FOR RESOLUTION.

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

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND PRESIDENT SET COMPENSATION FOR ALL EMPLOYEES ON AN ANNUAL BASIS AT TIME OF BUDGET PREPARATION. COMPENSATION IS BASED ON PRIOR YEAR COMPENSATION, ORGANIZATION AND INDIVIDUAL PERFORMANCE EVALUATIONS, LOCAL NONPROFIT COMPENSATION SURVEYS, FORM 990S OF SIMILAR ORGANIZATIONS IN THEIR SERVICE AREA, AND COMPENSATION INFORMATION RECEIVED FROM MEMBER INDUSTRY ASSOCIATIONS. THE BUDGETED COMPENSATION AMOUNTS ARE PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL, THEN TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL, THE APPROVAL DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS. THE APPROVED COMPENSATION AMOUNTS ARE DOCUMENTED IN EACH APPLICABLE EMPLOYEE'S PAYROLL FILE.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ
 NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
 AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C
 THE ORGANIZATION'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF
 THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT
 AUDITOR. THIS RESPONSIBILITY IS UNCHANGED FROM THE PRIOR YEAR.