

KIDS ALIVE INTERNATIONAL, INC.  
FORM 990  
TAX YEAR 2013

BKD, LLP  
200 E. Main St. Suite 700  
Fort Wayne, IN 46802

KIDS ALIVE INTERNATIONAL, INC.  
2507 CUMBERLAND DRIVE  
VALPARAISO, IN 46383

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VALPARAISO, IN 46383

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

KIDS ALIVE INTERNATIONAL, INC.  
2507 CUMBERLAND DRIVE  
VALPARAISO, IN 46383

Indiana Department of Revenue  
Tax Administration  
P.O. Box 6481  
Indianapolis, Indiana 46206-6481

200 E. Main Street, Suite 700 // Fort Wayne, IN 46802-1900 // 260.460.4000

KIDS ALIVE INTERNATIONAL, INC.  
2507 CUMBERLAND DRIVE  
VALPARAISO, IN 46383

Enclosed are the original and one copy of your income tax returns for the period ended December 31, 2013 for:

KIDS ALIVE INTERNATIONAL, INC. as follows...

- 2013 990 - Return of Organization Exempt from Income Tax
- 2013 Schedule A - Public Charity Status and Public Support
- 2013 Schedule B - Schedule of Contributors
- 2013 Schedule D - Supplemental Financial Statements
- 2013 Schedule F - Statement of Activities Outside the United States
- 2013 Schedule J - Compensation Information
- 2013 Schedule M - Noncash Contributions
- 2013 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2013 990-T - Exempt Organization Business Income Tax Return
- 2013 8879-EO - IRS e-file Signature Authorization
- 2013 Indiana Form NP-20 - Nonprofit Organization's Annual Report

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any disclosures should be modified.

Before preparing your tax return, we provided you with access to a summary of transactions

KIDS ALIVE INTERNATIONAL, INC.

identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,

Joyce A. Dulworth  
BKD, LLP

Enclosure(s)



200 E. Main Street, Suite 700 // Fort Wayne, IN 46802-1900 // 260.460.4000

Instructions for filing  
KIDS ALIVE INTERNATIONAL, INC.  
Form 8879-EO - IRS E-file Signature Authorization  
for the period ended December 31, 2013

\*\*\*\*\*

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

BKD, LLP  
200 E. Main St. Suite 700  
Fort Wayne IN 46802

Payment of tax...

No payment of tax is required.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on November 17, 2014. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

\*\*\*\*\*



200 E. Main Street, Suite 700 // Fort Wayne, IN 46802-1900 // 260.460.4000

Instructions for filing  
KIDS ALIVE INTERNATIONAL, INC.  
Form 990T - Exempt Organization Business Return  
for the period ended December 31, 2013

\*\*\*\*\*

Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before November 17, 2014 with...

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

\*\*\*\*\*



# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

# 2013

Name of exempt organization

KIDS ALIVE INTERNATIONAL, INC.

Employer identification number

31-1140515

Name and title of officer

ALFRED LACKEY, PRESIDENT

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|    |                            |                                     |   |  |    |                   |
|----|----------------------------|-------------------------------------|---|--|----|-------------------|
| 1a | Form 990 check here ▶      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | 1b | <u>9,110,390.</u> |
| 2a | Form 990-EZ check here ▶   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | 2b | _____             |
| 3a | Form 1120-POL check here ▶ | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22) . . . . .                           | 3b | _____             |
| 4a | Form 990-PF check here ▶   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5),         | 4b | _____             |
| 5a | Form 8868 check here ▶     | <input type="checkbox"/>            | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . | 5b | _____             |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 4 | 6 | 3 | 8 | 3 |
|---|---|---|---|---|

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ 10/15/2014

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 2 | 7 | 4 | 4 | 6 | 8 | 0 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|

  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see back of form.**

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

|   |   |  |  |  |
|---|---|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>KIDS ALIVE INTERNATIONAL, INC.                                     |  |  | <b>D</b> Employer identification number<br>31-1140515  |
|   | Doing Business As   |  |  | <b>E</b> Telephone number<br>(219) 464-9035  |
|   | Number and street (or P.O. box if mail is not delivered to street address)<br>2507 CUMBERLAND DRIVE |  | Room/suite                             |  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>VALPARAISO, IN 46383    |  |  | <b>G</b> Gross receipts \$ 9,150,144.<br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>F</b> Name and address of principal officer:<br>ALFRED R. LACKEY<br>2507 CUMBERLAND DRIVE VALPARAISO, IN 46383   |   |  |  |  |
| <b>I</b> 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   |
| <b>J</b> Website: ▶ WWW.KIDSALIVE.ORG   |   |  |  |  |
| <b>K</b> Form of organization:  | <input checked="" type="checkbox"/> Corporation   | <input type="checkbox"/> Trust                     | <input type="checkbox"/> Association   | <input type="checkbox"/> Other ▶   |
| <b>L</b> Year of formation: 1985  |   |  | <b>M</b> State of legal domicile: IN   |  |

## Part I Summary

|   |   |                           |              |
|---|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: TO REFLECT THE LOVE OF CHRIST BY RESCUING ORPHANS AND VULNERABLE CHILDREN, NURTURING THEM, AND SHARING WITH THEM THE TRANSFORMING POWER OF CHRIST SO THEY CAN GIVE HOPE TO OTHERS. |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 9.           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 9.           |
|   | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)   | <b>5</b>                  | 92.          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 500.         |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 0            |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>   | 0                         |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 7,876,550.                | 9,022,259.   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 0                         | 0            |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -40,379.                  | -13,769.     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 101,900.                  | 101,900.     |
|   |   | 7,938,071.                | 9,110,390.   |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 3,194,614.                | 3,449,259.   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0                         | 0            |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 2,111,452.                | 2,338,543.   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0                         | 0            |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 632,958.   |                           |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 2,071,501.                | 2,889,912.   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,377,567.  | 8,677,714.                |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 560,504.  | 432,676.                  |              |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 9,489,455.                | 9,933,407.   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.   | 528,182.                  | 506,040.     |
|   | 8,961,273.  | 9,427,367.                |              |

## 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.

|                               |   |                         |      |   |                   |
|-------------------------------|---|-------------------------|------|---|-------------------|
| <b>Sign Here</b>              | Signature of officer  | Date                    |      |   |                   |
|                               | Type or print name and title                                    |                         |      |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JOYCE A DULWORTH                  | Preparer's signature    | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00151125 |
|                               | Firm's name ▶ BKD, LLP  | Firm's EIN ▶ 44-0160260 |      | Phone no. 260-460-4000                          |                   |
|                               | Firm's address ▶ 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802 |                         |      |   |                   |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code: ) (Expenses \$ 7,390,558. including grants of \$ 3,449,259. ) (Revenue \$ )

KIDS ALIVE INTERNATIONAL SERVED AN ESTIMATED 19,500 CHILDREN IN 15 DIFFERENT COUNTRIES WORLDWIDE THIS YEAR, PROVIDING THEM WITH SHELTER, FOOD, MEDICAL CARE, EDUCATION, AND THE LOVE OF JESUS CHRIST. OUR MINISTRY FOCUSED ON THE HOLISTIC CARE OF CHILDREN, HELPING THEM TO GROW TO BECOME PRODUCTIVE ADULTS IN THEIR OWN SOCIETY IN ORDER TO HELP BREAK THE CYCLE OF POVERTY IN WHICH THEY LIVE. KIDS ALIVE PROVIDED HOMES FOR APPROXIMATELY 1,000 CHILDREN AND EDUCATION, BIBLE-TEACHING, MEALS, AND MEDICAL SERVICES FOR APPROXIMATELY 18,500 CHILDREN IN 2013 THROUGH THE WORK OF APPROXIMATELY 78 AMERICAN MISSIONARIES, 616 NATIONALS, AND 99 SERVICE TEAMS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,390,558.

**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)? If "Yes," complete Schedule A . . . . .   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .   |     | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .   |     | 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? If "Yes," complete Schedule D, Part I . . . . .  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | 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? If "Yes," complete Schedule D, Part IV . . . . .            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .   | 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? If "Yes," complete Schedule D, Part VI . . . . .   | 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? If "Yes," complete Schedule D, Part VII . . . . .   |     | 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? If "Yes," complete Schedule D, Part VIII . . . . .   |     | 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? If "Yes," complete Schedule D, Part IX . . . . .  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | 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)? If "Yes," complete Schedule D, Part X . . . . .  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | 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? If "Yes," complete Schedule F, Parts I and IV . . . . . | 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? If "Yes," complete Schedule F, Parts II and IV . . . . .   | 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? If "Yes," complete Schedule F, Parts III and IV . . . . .   |     | 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? If "Yes," complete Schedule G, Part I (see instructions) . . . . .  |     | 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? If "Yes," complete Schedule G, Part II . . . . .   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     | X  |

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

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>   | X   |    |
| <b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>                          |     | X  |
| <b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  |     | X  |
| <b>25 b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                    |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i> |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   |     | X  |
| <b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>   | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>   |     | X  |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| <b>35 b</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)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>   |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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

Table with columns for question number, description, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-7a (relationships and control), 7b (governance decisions), 8 (documentation), and 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (local chapters), 10b (policies), 11a (Form 990 distribution), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), and 15a-b (compensation review).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed INDIANA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ALFRED LACKEY 2507 CUMBERLAND DR VALPARAISO, IN 46383 219-464-9035

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

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

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

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) SHERI MCCURLEY<br>BOARD MEMBER       | 1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) KEITH DICKERSON<br>BOARD MEMBER      | 1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) SHERRY J. SCHAUB<br>BOARD MEMBER     | 1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) SCOTT MELBY<br>VICE CHAIR            | 1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) WALT GOLEMESKI<br>BOARD MEMBER       | 1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) ANNETTE MANDRELL<br>BOARD MEMBER     | 1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) CLIFFORD PETERSON<br>CHAIRMAN        | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) JOHN ROMAN<br>BOARD MEMBER           | 1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) DAVE RODGERS<br>SECRETARY/ TREASURER | 1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) ALFRED R. LACKEY<br>PRESIDENT       | 60.00  |  |                       | X       |              |                              |        | 150,024.   | 0   | 29,090.   |
| (11)                                     |  |  |                       |         |              |                              |        |  |   |   |
| (12)                                     |  |  |                       |         |              |                              |        |  |   |   |
| (13)                                     |  |  |                       |         |              |                              |        |  |   |   |
| (14)                                     |  |  |                       |         |              |                              |        |  |   |   |



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

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 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

**Part VIII Statement of Revenue**

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

|   |   |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |        |
|---|---|--|---|----------------------|--|---|--|--------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .  | <b>1a</b>   |                      |  |   |  |        |
|   | <b>b</b>  | Membership dues . . . . .  | <b>1b</b>   |                      |  |   |  |        |
|   | <b>c</b>  | Fundraising events . . . . .   | <b>1c</b>   |                      |  |   |  |        |
|   | <b>d</b>  | Related organizations . . . . .  | <b>1d</b>   |                      |  |   |  |        |
|   | <b>e</b>  | Government grants (contributions) . .  | <b>1e</b>   |                      |  |   |  |        |
|   | <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included above .  | <b>1f</b>   | 9,022,259.           |  |   |  |        |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f: \$  |   | 876,866.             |  |   |  |        |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . ▶  |   | 9,022,259.           |  |   |  |        |
| <b>Program Service Revenue</b>                                    | <b>2a</b>   |  | <b>Business Code</b>  |                      |  |   |  |        |
|   | <b>b</b>  |  |   |                      |  |   |  |        |
|   | <b>c</b>  |  |   |                      |  |   |  |        |
|   | <b>d</b>  |  |   |                      |  |   |  |        |
|   | <b>e</b>  |  |   |                      |  |   |  |        |
|   | <b>f</b>  | All other program service revenue . . . . .  |   |                      |  |   |  |        |
|   | <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . ▶  |   | 0                    |  |   |  |        |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶  |   | 12,848.              |  |   | 12,848.  |        |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . ▶   |   | 0                    |  |   |  |        |
|   | <b>5</b>  | Royalties . . . . . ▶  |   | 0                    |  |   |  |        |
|   | <b>6a</b>   | Gross rents . . . . .  | (i) Real  | (ii) Personal        |  |   |  |        |
|   |   |  | Less: rental expenses . . .                                       |                      |  |   |  |        |
|   |   |  | Rental income or (loss) . .                                       |                      |  |   |  |        |
|   |   |  | <b>d</b> Net rental income or (loss) . . . . . ▶                  |                      |  | 0                                       |  |        |
|   | <b>7a</b>   | Gross amount from sales of<br>assets other than inventory  | (i) Securities  | (ii) Other           |  |   |  |        |
|   |   |  | 9,894.  | 3,243.               |  |   |  |        |
|   |   |  | Less: cost or other basis<br>and sales expenses . . . . .         | 7,017.               | 32,737.  |   |  |        |
|   |   |  | <b>d</b> Net gain or (loss) . . . . . ▶                           | 2,877.               | -29,494.   |   |  | 2,877. |
|   | <b>8a</b>   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |   |                      |  |   |  |        |
|   |   |  | Less: direct expenses . . . . . <b>b</b>                          |                      |  |   |  |        |
|   |   |  | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶ |                      |  | 0                                       |  |        |
|   | <b>9a</b>   | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b>  |   |                      |  |   |  |        |
| Less: direct expenses . . . . . <b>b</b>                          |   |  |   |                      |  |   |  |        |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶  |   |  |   |                      | 0  |   |  |        |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b> |  |   |                      |  |   |  |        |
|   |   | Less: cost of goods sold . . . . . <b>b</b>  |   |                      |  |   |  |        |
|   |   | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶  |   |                      | 0  |   |  |        |
| <b>Miscellaneous Revenue</b>                                      |   |  | <b>Business Code</b>  |                      |  |   |  |        |
| <b>11a</b>  | MISCELLANEOUS REVENUE   |  |   | 101,900.             |  |   | 101,900.   |        |
| <b>b</b>  |   |  |   |                      |  |   |  |        |
| <b>c</b>  |   |  |   |                      |  |   |  |        |
| <b>d</b>  | All other revenue . . . . .   |  |   |                      |  |   |  |        |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶                                 |  |   | 101,900.             |  |   |  |        |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . ▶                          |  |   | 9,110,390.           | -29,494.   |   | 117,625.   |        |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .  | 0                     |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .  | 0                     |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .   | 3,449,259.            | 3,449,259.                      |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0                     |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 179,170.              | 123,117.                        | 28,489.                                | 27,564.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 1,491,831.            | 1,025,118.                      | 237,207.                               | 229,506.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 53,093.               | 35,803.                         | 8,788.                                 | 8,502.                      |
| 9 Other employee benefits . . . . .  | 486,339.              | 327,961.                        | 80,495.                                | 77,883.                     |
| 10 Payroll taxes . . . . .   | 128,110.              | 88,031.                         | 20,370.                                | 19,709.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 31,319.               | 15,072.                         | 8,258.                                 | 7,989.                      |
| c Accounting . . . . .   | 24,770.               | 11,920.                         | 6,531.                                 | 6,319.                      |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .  | 0                     |                                 |  |                             |
| f Investment management fees . . . . .   | 0                     |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 587,508.              | 282,733.                        | 154,902.                               | 149,873.                    |
| 12 Advertising and promotion . . . . .   | 0                     |                                 |  |                             |
| 13 Office expenses . . . . .   | 208,190.              | 89,245.                         | 60,454.                                | 58,491.                     |
| 14 Information technology . . . . .  | 0                     |                                 |  |                             |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 17,949.               | 7,072.                          | 5,528.                                 | 5,349.                      |
| 17 Travel . . . . .  | 217,904.              | 188,242.                        | 15,076.                                | 14,586.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 0                     |                                 |  |                             |
| 20 Interest . . . . .  | 17,467.               | 17,465.                         | 1.                                     | 1.                          |
| 21 Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 402,864.              | 376,972.                        | 13,160.                                | 12,732.                     |
| 23 Insurance . . . . .   | 17,680.               | 17,678.                         | 1.                                     | 1.                          |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a OTHER EXPENSE -----  | 49,399.               | 20,191.                         | 14,845.                                | 14,363.                     |
| b MISSION SUPPORT -----  | 1,314,862.            | 1,314,679.                      | 93.                                    | 90.                         |
| c -----  |                       |                                 |  |                             |
| d -----  |                       |                                 |  |                             |
| e All other expenses -----   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>8,677,714.</b>     | <b>7,390,558.</b>               | <b>654,198.</b>                        | <b>632,958.</b>             |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|--|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 300.                     | <b>1</b>   | 300.                  |
|   | <b>2</b> Savings and temporary cash investments  | 592,849.                 | <b>2</b>   | 609,037.              |
|   | <b>3</b> Pledges and grants receivable, net  | 0                        | <b>3</b>   | 0                     |
|   | <b>4</b> Accounts receivable, net  | 504,834.                 | <b>4</b>   | 359,676.              |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | <b>5</b>   | 0                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0                        | <b>6</b>   | 0                     |
|   | <b>7</b> Notes and loans receivable, net   | 0                        | <b>7</b>   | 0                     |
|   | <b>8</b> Inventories for sale or use   | 0                        | <b>8</b>   | 0                     |
|   | <b>9</b> Prepaid expenses and deferred charges   | 47,640.                  | <b>9</b>   | 37,243.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 11,543,288.   |            |                       |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 2,963,869.    | 8,073,082. | <b>10c</b> 8,579,419. |
|   | <b>11</b> Investments - publicly traded securities   | 188,549.                 | <b>11</b>  | 254,810.              |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 0                        | <b>12</b>  | 0                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 0                        | <b>13</b>  | 0                     |
|   | <b>14</b> Intangible assets  | 0                        | <b>14</b>  | 0                     |
|   | <b>15</b> Other assets. See Part IV, line 11   | 82,201.                  | <b>15</b>  | 92,922.               |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 9,489,455.   | <b>16</b>                | 9,933,407. |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 40,678.                  | <b>17</b>  | 54,305.               |
|   | <b>18</b> Grants payable   | 0                        | <b>18</b>  | 0                     |
|   | <b>19</b> Deferred revenue   | 0                        | <b>19</b>  | 0                     |
|   | <b>20</b> Tax-exempt bond liabilities  | 0                        | <b>20</b>  | 0                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>  | 0                     |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | <b>22</b>  | 0                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 385,744.                 | <b>23</b>  | 353,159.              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0                        | <b>24</b>  | 0                     |
|   | <b>25</b> 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  | 101,760.                 | <b>25</b>  | 98,576.               |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 528,182.                 | <b>26</b>  | 506,040.              |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                       |
|   | <b>27</b> Unrestricted net assets  | 7,276,925.               | <b>27</b>  | 7,523,905.            |
|   | <b>28</b> Temporarily restricted net assets  | 1,634,516.               | <b>28</b>  | 1,853,630.            |
|   | <b>29</b> Permanently restricted net assets  | 49,832.                  | <b>29</b>  | 49,832.               |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                       |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>  |                       |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>  |                       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>  |                       |
| <b>33</b> Total net assets or fund balances                         | 8,961,273.   | <b>33</b>                | 9,427,367. |                       |
| <b>34</b> Total liabilities and net assets/fund balances            | 9,489,455.   | <b>34</b>                | 9,933,407. |                       |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 9,110,390. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 8,677,714. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 432,676.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 8,961,273. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 15,818.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 17,600.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 9,427,367. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

|   |   |
|---|---|
| <b>Name of the organization</b><br>KIDS ALIVE INTERNATIONAL, INC. | <b>Employer identification number</b><br>31-1140515 |
|---|---|

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 11g(i) |     |    |
  - (ii) A family member of a person described in (i) above? 

|         |     |    |
|---------|-----|----|
|         | Yes | No |
| 11g(ii) |     |    |
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

|          |     |    |
|----------|-----|----|
|          | Yes | No |
| 11g(iii) |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (98.52%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (98.03%); 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION   | 2009 | 2010 | 2011 | 2012            | 2013            | TOTAL           |
|---------------|------|------|------|-----------------|-----------------|-----------------|
| MISCELLANEOUS |      |      |      | 101,900.        | 101,900.        | 203,800.        |
| <b>TOTALS</b> |      |      |      | <u>101,900.</u> | <u>101,900.</u> | <u>203,800.</u> |

**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|   |   |
|---|---|
| <b>Name of the organization</b><br>KIDS ALIVE INTERNATIONAL, INC. | <b>Employer identification number</b><br>31-1140515 |
|---|---|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

|  |   |
|--|---|
| <b>Name of organization</b> KIDS ALIVE INTERNATIONAL, INC. | <b>Employer identification number</b><br>31-1140515 |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | -----<br>-----<br>-----           | \$ 250,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **KIDS ALIVE INTERNATIONAL, INC.**

Employer identification number

31-1140515

**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 |
|---------------------|---|--|-------------------|
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |

Name of organization KIDS ALIVE INTERNATIONAL, INC.

Employer identification number 31-1140515

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

Table for (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for input.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

Table for (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for input.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

Table for (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for input.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

Table for (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for input.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

KIDS ALIVE INTERNATIONAL, INC.

31-1140515

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports conservation easements...

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

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

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2013

JSA 3E1268 2.000

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 122,075.         | 108,461.       | 112,415.           | 98,999.              | 85,121.             |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     | 22,871.          | 15,128.        | -2,497.            | 14,715.              | 20,189.             |
| d Grants or scholarships . . . . .                         | 5,299.           |                |                    |                      | 5,240.              |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        | 1,596.           | 1,514.         | 1,457.             | 1,289.               | 1,071.              |
| g End of year balance . . . . .                            | 138,051.         | 122,075.       | 108,461.           | 112,425.             | 98,999.             |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 67.0000 %
  - b Permanent endowment ▶ 33.0000 %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages in 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 . . . . .   | X   |    |
| (ii) related organizations . . . . .  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
| <b>3b</b>   |     |    |

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" to 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 . . . . .  |                                      | 1,031,243.                      |                              | 1,031,243.     |
| b Buildings . . . . .  |                                      | 8,118,065.                      | 1,741,142.                   | 6,376,923.     |
| c Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| d Equipment . . . . .  |                                      | 2,001,467.                      | 1,222,727.                   | 778,740.       |
| e Other . . . . .  |                                      | 392,513.                        |                              | 392,513.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 8,579,419.     |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>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) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) ANNUITIES PAYABLE   | 47,928.        |
| (3) ACCRUED VACATION PAYABLE  | 44,305.        |
| (4) ACCRUED PAYROLL TAXES   | 6,343.         |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 98,576.        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 9,110,390.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 8,677,714.

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

THE CHRISTIAN COMMUNITY FOUNDATION, INC. AND PORTER COUNTY COMMUNITY FOUNDATION, INC. (FOUNDATIONS) ARE UNRELATED FOUNDATIONS HOLDING DONOR ADVISORY FUNDS FOR THE BENEFIT OF THE ORGANIZATION. THE FOUNDATIONS HAVE BEEN GRANTED VARIANCE POWER OVER THESE FUNDS, AND ACCORDINGLY, THE ORGANIZATION HAS NOT INCLUDED THESE FUNDS AS AN ASSET IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.

FORM 990, SCHEDULE D, PART X

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

PART XI LINE 2(D)

|  |          |
|--|----------|
| ENDOWMENT FUND EARNINGS                      | \$14,289 |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | \$ 3,311 |
| TOTAL  | \$17,600 |

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

KIDS ALIVE INTERNATIONAL, INC.

31-1140515

**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 region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| <b>(1)</b> SUB-SAHARAN AFRICA                               | 12.                                 | 6.   | PROGRAM SERVICES  | CARE FOR CHILDREN  | 1,198,977.   |
| <b>(2)</b> MIDDLE EAST AND NORTH AFRICA                     | 4.                                  | 6.   | PROGRAM SERVICES  | CARE FOR CHILDREN  | 301,403.   |
| <b>(3)</b> SOUTH AMERICA                                    | 5.                                  | 17.  | PROGRAM SERVICES  | CARE FOR CHILDREN  | 632,111.   |
| <b>(4)</b> EUROPE   | 2.                                  | 1.   | PROGRAM SERVICES  | CARE FOR CHILDREN  | 56,183.  |
| <b>(5)</b> CENTRAL AMERICA/CARIBBEAN                        | 16.                                 | 62.  | PROGRAM SERVICES  | CARE FOR CHILDREN  | 3,866,752.   |
| <b>(6)</b> EAST ASIA AND THE PACIFIC                        | 4.                                  | 2.   | PROGRAM SERVICES  | CARE FOR CHILDREN  | 232,937.   |
| <b>(7)</b>  |                                     |  |   |  |  |
| <b>(8)</b>  |                                     |  |   |  |  |
| <b>(9)</b>  |                                     |  |   |  |  |
| <b>(10)</b>   |                                     |  |   |  |  |
| <b>(11)</b>   |                                     |  |   |  |  |
| <b>(12)</b>   |                                     |  |   |  |  |
| <b>(13)</b>   |                                     |  |   |  |  |
| <b>(14)</b>   |                                     |  |   |  |  |
| <b>(15)</b>   |                                     |  |   |  |  |
| <b>(16)</b>   |                                     |  |   |  |  |
| <b>(17)</b>   |                                     |  |   |  |  |
| <b>3a</b> Sub-total . . . . .                               | 43.                                 | 94.  |   |  | 6,288,363.   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 43.                                 | 94.  |   |  | 6,288,363.   |

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

Schedule F (Form 990) 2013

JSA  
3E1274 1.000

**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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | CENT. AMERICA/CARIBBEAN  | PROGRAMS             | 1,804,375.               | WIRE                            |                                   |  |   |
| (2)  |                          |  | CENT. AMERICA/CARIBBEAN  | PROGRAMS             | 518,190.                 | WIRE                            |                                   |  |   |
| (3)  |                          |  | SUB-SAHARAN AFRICA       | PROGRAMS             | 581,994.                 | WIRE                            |                                   |  |   |
| (4)  |                          |  | MIDDLE EAST/NORTH AFRICA | PROGRAMS             | 213,398.                 | WIRE                            |                                   |  |   |
| (5)  |                          |  | MIDDLE EAST/NORTH AFRICA | PROGRAMS             | 18,710.                  | WIRE                            |                                   |  |   |
| (6)  |                          |  | EAST ASIA/PACIFIC        | PROGRAMS             | 110,278.                 | WIRE                            |                                   |  |   |
| (7)  |                          |  | SOUTH AMERICA            | PROGRAMS             | 132,710.                 | WIRE                            |                                   |  |   |
| (8)  |                          |  | EUROPE/ICELAND/GREENLAND | PROGRAMS             | 45,600.                  | WIRE                            |                                   |  |   |
| (9)  |                          |  | EUROPE/ICELAND/GREENLAND | PROGRAMS             | 6,623.                   | WIRE                            |                                   |  |   |
| (10) |                          |  | CENT. AMERICA/CARIBBEAN  | PROGRAMS             | 468,166.                 | WIRE                            |                                   |  |   |
| (11) |                          |  | SUB-SAHARAN AFRICA       | PROGRAMS             | 222,132.                 | WIRE                            |                                   |  |   |
| (12) |                          |  | SOUTH AMERICA            | PROGRAMS             | 110,622.                 | WIRE                            |                                   |  |   |
| (13) |                          |  | SUB-SAHARAN AFRICA       | PROGRAMS             | 119,290.                 | WIRE                            |                                   |  |   |
| (14) |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (15) |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (16) |                          |  |                          |                      |                          |                                 |                                   |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . 13.

3 Enter total number of other organizations or entities. . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)                             |            |                          |                          |                                 |                                   |  |   |
| (2)                             |            |                          |                          |                                 |                                   |  |   |
| (3)                             |            |                          |                          |                                 |                                   |  |   |
| (4)                             |            |                          |                          |                                 |                                   |  |   |
| (5)                             |            |                          |                          |                                 |                                   |  |   |
| (6)                             |            |                          |                          |                                 |                                   |  |   |
| (7)                             |            |                          |                          |                                 |                                   |  |   |
| (8)                             |            |                          |                          |                                 |                                   |  |   |
| (9)                             |            |                          |                          |                                 |                                   |  |   |
| (10)                            |            |                          |                          |                                 |                                   |  |   |
| (11)                            |            |                          |                          |                                 |                                   |  |   |
| (12)                            |            |                          |                          |                                 |                                   |  |   |
| (13)                            |            |                          |                          |                                 |                                   |  |   |
| (14)                            |            |                          |                          |                                 |                                   |  |   |
| (15)                            |            |                          |                          |                                 |                                   |  |   |
| (16)                            |            |                          |                          |                                 |                                   |  |   |
| (17)                            |            |                          |                          |                                 |                                   |  |   |
| (18)                            |            |                          |                          |                                 |                                   |  |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* . . . . .  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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to 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).

---

FORM 990, SCHEDULE F, PART I, QUESTION 2

FIELD MANAGERS RECEIVE FUNDS AND REPORT DIRECTLY BACK TO THE BOARD OF DIRECTORS. FIELD MANAGERS ALSO SUBMIT MONTHLY FINANCIAL REPORTS TO THE REGIONAL VICE PRESIDENTS. THE PRESIDENT AND REGIONAL VICE PRESIDENTS PERFORM ON-SITE VISITS TO MONITOR THE USE OF FUNDS.

**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" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

KIDS ALIVE INTERNATIONAL, INC.

Employer identification number

31-1140515

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If 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 in line 1a?

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, 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) and 501(c)(4) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2013



**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

| (A) Name and Title              |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                 |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 ALFRED R. LACKEY<br>PRESIDENT | (i)  | 99,864.  | 23,155.                             | 27,005.                             | 7,558.   | 21,532.                 | 179,114.                        | 0   |
|                                 | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 3                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J PART I

A MINISTERIAL HOUSING ALLOWANCE OF \$27,005 WAS PROVIDED TO THE PRESIDENT  
AS A CONDITION OF HIS EMPLOYMENT TO PROVIDE SERVICES IN HIS CAPACITY AS  
MINISTER AT ANY TIME IN WHICH THOSE SERVICES ARE NEEDED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

KIDS ALIVE INTERNATIONAL, INC.

Employer identification number

31-1140515

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  | X                             |  | 92,312.  | FAIR MARKET VALUE  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     |                               |  |  |  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  | X                             | 1.   | 71,280.  | FAIR MARKET VALUE  |
| 20 Drugs and medical supplies . . . . .                                      | X                             | 3.   | 19,789.  | FAIR MARKET VALUE  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ (PLAYGROUND) . . . . .  | X                             | 2.   | 74,455.  | FAIR MARKET VALUE  |
| 26 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 27 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 28 Other ▶ ( ) . . . . .   |                               |  |  |  |

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

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

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

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**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

KIDS ALIVE INTERNATIONAL, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

31-1140515

FORM 990, PART VI

QUESTION 11(B): AN INDEPENDENT CPA FIRM AND THE CONTROLLER PERFORM A THOROUGH REVIEW OF THE FORM 990 AND ITS RELATED SCHEDULES. THE FORM 990 AND RELATED SCHEDULES ARE THEN SUPPLIED TO ALL BOARD MEMBERS PRIOR TO SUBMISSION TO THE IRS.

QUESTION 12(C): A CONFLICT OF INTEREST STATEMENT IS WRITTEN IN THE BOARD GOVERNANCE POLICY THAT A MEMBER IS REQUIRED TO INFORM THE BOARD IF HE/SHE BELIEVES THERE MAY BE A CONFLICT OF INTEREST SITUATION. THE STATEMENTS, IF ANY, ARE REVIEWED AND ANY CONFLICTS DIVULGED ARE REVIEWED AND ADDRESSED BY THE CHAIRMAN OF THE BOARD. RESTRICTIONS PLACED ON THOSE WITH CONFLICTS ARE AT THE DISCRETION OF THE CHAIRMAN OF THE BOARD AND OTHER BOARD MEMBERS.

QUESTION 15(A): THE CHAIRMAN OF THE BOARD PERFORMS AN EXTENSIVE REVIEW OF THE PRESIDENT'S COMPENSATION EVERY 2-3 YEARS. ADDITIONALLY, COMPENSATION COMPARISONS ARE PERFORMED WITH OTHER NOT-FOR-PROFITS.

QUESTION 19: FINANCIAL STATEMENTS, FORM 990, AND ALL OTHER DOCUMENTS AVAILABLE UPON REQUEST.

|  |  |
|--|--|
| Name of the organization<br>KIDS ALIVE INTERNATIONAL, INC. | Employer identification number<br>31-1140515 |
|--|--|

## PART XI, LINE 9

|  |          |
|--|----------|
| ENDOWMENT FUND EARNINGS                      | \$14,289 |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | \$ 3,311 |
| TOTAL  | \$17,600 |

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

KIDS ALIVE INTERNATIONAL REFLECTS THE LOVE OF CHRIST BY RESCUING AT-RISK CHILDREN, NURTURING THEM WITH QUALITY HOLISTIC CARE, AND INTRODUCING THEM TO THE TRANSFORMING POWER OF JESUS CHRIST SO THEY ARE ENABLED TO INSTILL HOPE IN OTHERS. THESE OBJECTIVES ARE ACCOMPLISHED THROUGH THE OPERATION OF CHILDREN'S HOMES (ORPHANAGES), CARE CENTERS, AND SCHOOLS IN A VARIETY OF COUNTRIES THROUGHOUT THE WORLD.

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

For calendar year 2013 or other tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 2013

**2013**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

**A**  Check box if address changed

Name of organization (  Check box if name changed and see instructions.)

**D Employer identification number**  
(Employees' trust, see instructions.)

**B Exempt under section**  
 501(C)(3)  408(e)  220(e)  408A  530(a)  529(a)

**Print or Type**

KIDS ALIVE INTERNATIONAL, INC.

31-1140515

Number, street, and room or suite no. If a P.O. box, see instructions.

2507 CUMBERLAND DRIVE

**E Unrelated business activity codes**  
(See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

VALPARAISO, IN 46383

**C Book value of all assets at end of year**

**F Group exemption number** (See instructions.) ▶

9,933,407.

**G Check organization type** ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H Describe the organization's primary unrelated business activity.** ▶ ATTACHMENT 1

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ ALFRED LACKEY Telephone number ▶ 219-464-9035

| Part I Unrelated Trade or Business Income |  |             | (A) Income | (B) Expenses | (C) Net |
|---|--|-------------|------------|--------------|---------|
| 1a  | Gross receipts or sales  |             |            |              |         |
| b   | Less returns and allowances  | c Balance ▶ | 1c         |              |         |
| 2   | Cost of goods sold (Schedule A, line 7)  |             | 2          |              |         |
| 3   | Gross profit. Subtract line 2 from line 1c   |             | 3          |              |         |
| 4a  | Capital gain net income (attach Form 8949 and Schedule D)                            |             | 4a         |              |         |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     |             | 4b         |              |         |
| c   | Capital loss deduction for trusts  |             | 4c         |              |         |
| 5   | Income (loss) from partnerships and S corporations (attach statement)                |             | 5          |              |         |
| 6   | Rent income (Schedule C)   |             | 6          |              |         |
| 7   | Unrelated debt-financed income (Schedule E)  |             | 7          |              |         |
| 8   | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) |             | 8          |              |         |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     |             | 9          |              |         |
| 10  | Exploited exempt activity income (Schedule I)  |             | 10         |              |         |
| 11  | Advertising income (Schedule J)  |             | 11         |              |         |
| 12  | Other income (See instructions; attach schedule.)                                    |             | 12         |              |         |
| 13  | <b>Total.</b> Combine lines 3 through 12   |             | 13         | 0            |         |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|    |   |  |     |  |     |
|----|---|--|-----|--|-----|
| 14 | Compensation of officers, directors, and trustees (Schedule K)  |  | 14  |  |     |
| 15 | Salaries and wages  |  | 15  |  |     |
| 16 | Repairs and maintenance   |  | 16  |  |     |
| 17 | Bad debts   |  | 17  |  |     |
| 18 | Interest (attach schedule)  |  | 18  |  |     |
| 19 | Taxes and licenses  |  | 19  |  |     |
| 20 | Charitable contributions (See instructions for limitation rules.)   |  | 20  |  |     |
| 21 | Depreciation (attach Form 4562)   |  | 21  |  |     |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return   |  | 22a |  | 22b |
| 23 | Depletion   |  | 23  |  |     |
| 24 | Contributions to deferred compensation plans  |  | 24  |  |     |
| 25 | Employee benefit programs   |  | 25  |  |     |
| 26 | Excess exempt expenses (Schedule I)   |  | 26  |  |     |
| 27 | Excess readership costs (Schedule J)  |  | 27  |  |     |
| 28 | Other deductions (attach schedule)  |  | 28  |  |     |
| 29 | <b>Total deductions.</b> Add lines 14 through 28  |  | 29  |  |     |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  |  | 30  |  |     |
| 31 | Net operating loss deduction (limited to the amount on line 30)   |  | 31  |  |     |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  |  | 32  |  |     |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)  |  | 33  |  |     |
| 34 | <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 |  | 34  |  | 0   |

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43 0
44 a Payments: A 2012 overpayment credited to 2013 44a
b 2013 estimated tax payments 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments:  Form 2439  Form 4136  Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached  46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4 a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only
Print/Type preparer's name JOYCE A DULWORTH
Preparer's signature
Date
Check  if self-employed PTIN P00151125
Firm's name BKD, LLP Firm's EIN 44-0160260
Firm's address 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802 Phone no. 260-460-4000



Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Totals Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income  | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---------------------------|---------------------|---|---------------------------------|---|
| (1)                       |                     |   |                                 |   |
| (2)                       |                     |   |                                 |   |
| (3)                       |                     |   |                                 |   |
| (4)                       |                     |   |                                 |   |
| <b>Totals</b> . . . . . ▶ |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
| <b>Totals</b> . . . . . ▶            |   | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   |   |                                      | Enter here and on page 1, Part II, line 26.                                      |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                              | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) . . . ▶ |                             |                             |  |                       |                     |   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|--|--|-----------------------|---------------------|---|
| (1)  |                             |  |  |                       |                     |   |
| (2)  |                             |  |  |                       |                     |   |
| (3)  |                             |  |  |                       |                     |   |
| (4)  |                             |  |  |                       |                     |   |
| <b>Totals from Part I</b>                  |                             | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B).                                       |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| <b>Totals, Part II</b> (lines 1-5) . . . ▶ |                             |  |  |                       |                     |   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|--|--|
| (1)   |          |  | %  |
| (2)   |          |  | %  |
| (3)   |          |  | %  |
| (4)   |          |  | %  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶ |          |  |  |

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTE OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.



200 E. Main Street, Suite 700 // Fort Wayne, IN 46802-1900 // 260.460.4000

Instructions for filing  
KIDS ALIVE INTERNATIONAL, INC.  
IN NP-20  
Indiana NP-20 - Nonprofit Org. Annual Report  
for the period ended December 31, 2013

\*\*\*\*\*

Signature...

The original return should be dated and signed by an officer of the organization if applicable.

Filing...

The signed return should be filed on or before November 17, 2014 with...

Indiana Department of Revenue  
Tax Administration  
P.O. Box 6481  
Indianapolis, Indiana 46206-6481

To document the timely filing of your return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of approved delivery method provided by the state designated private delivery service.

NP-20

State Form 51062  
(R7 / 8-13)

Indiana Department of Revenue  
Indiana Nonprofit Organization's Annual Report  
For the Calendar Year or Fiscal Year

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate  
Date Closed \_\_\_\_\_

Beginning 01/01/2013 and Ending 12/31/2013  
MM/DD/YYYY MM/DD/YYYY

Due on the 15th day of the 5th month following the end of the tax year.  
NO FEE REQUIRED.

|  |             |  |   |
|--|-------------|--|---|
| Name of Organization<br>KIDS ALIVE INTERNATIONAL, INC. |             | Telephone Number<br>219-464-9035           |   |
| Address<br>2507 CUMBERLAND DRIVE                       |             | County<br>PORTER                           | Indiana Taxpayer Identification Number      |
| City<br>VALPARAISO                                     | State<br>IN | Zip Code<br>46383                          | Federal Identification Number<br>31-1140515 |
| Printed Name of Person to Contact<br>ALFRED R. LACKEY  |             | Contact's Telephone Number<br>219-464-9035 |   |

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

- Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes. NO
- Indicate number of years your organization has been in continuous existence. 95
- Attach a schedule, listing the names, titles and addresses of your current officers. SEE ATTACHED FORM 990
- Briefly describe the purpose or mission of your organization below.

TO REACH THE WORLD FOR CHRIST BY MINISTERING TO CHILDREN WHO HAVE

NO OTHER REASONABLE MEANS OF SUPPORT, HELPING THEM TO BREAK THE CYCLE

OF POVERTY SO THAT AS ADULTS THEY CAN CONTRIBUTE TO THEIR SOCIETY.

Email Address: \_\_\_\_\_

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

|   |                       |      |
|---|-----------------------|------|
| Signature of Officer or Trustee<br>ALFRED R. LACKEY | Title<br>219-464-9035 | Date |
|---|-----------------------|------|

|                              |                          |
|------------------------------|--------------------------|
| Name of Person(s) to Contact | Daytime Telephone Number |
|------------------------------|--------------------------|

**Important:** Please submit this completed form and/or extension to:  
Indiana Department of Revenue, Tax Administration  
P.O. Box 6481  
Indianapolis, IN 46206-6481  
Telephone: (317) 232-0129

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

