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Department of the Treasury

### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please Safe Kıds Worldwide use IRS label or Address change -1627574 Doing Business As Telephone number print or type. See Name change (202) 662-0600 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 12,735,989 1301 Pennsylvania Avenue NW Terminated tions. Amended return City or town, state or country, and ZIP + 4 Washington, DC 20004 Application pending Name and address of principal officer Is this a group return for EDWARD K ZECHMAN JR affiliates? 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Tax-exempt status Group exemption number 🕨 Website: ► WWW SAFEKIDS ORG K Form of organization 
✓ Corporation 
✓ Trust 
✓ Association 
✓ Other ► L Year of formation 1990 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities SAFE KIDS WORLDWIDE IS GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF CHILDREN 14 AND UNDER Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 9 0 Total number of employees (Part V, line 2a) . . 136 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 9,350,159 4,675,615 Program service revenue (Part VIII, line 2g) . 1,057,859 1,020,432 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 251,692 7,039,942 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 10,659,710 12,735,989 1,725,340 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 3,198,127 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 4,760,799 3,247,148 Professional fundraising fees (Part IX, column (A), line 11e) . 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  664,647 ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 6,499,118 4,701,400 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 14,458,044 9,673,888 Revenue less expenses Subtract line 18 from line 12 . -3,798,334 3,062,101 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 6,634,934 20 Total assets (Part X, line 16) . 6,115,307 21 Total liabilities (Part X, line 26) . 3,341,381 798,908 Net assets or fund balances Subtract line 21 from line 20 2,773,926 5,836,026 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 Sian 2011-05-11 Signature of officer Here DAVID SPARKS VP FINANCE & CONTROLLER Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours PRICEWATERHOUSECOOPERS LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 1301 K STREET NW SUITE 800W Phone no (202) 414-1000

WASHINGTON, DC 20005

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SAFE KIDS WORLDWIDE IS A GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF CHILDREN 14 AND UNDER MORE THAN 450 COALITIONS IN 19 COUNTRIES BRING TO GETHER HEALTH AND SAFETY EXPERTS, EDUCATORS, CORPORATIONS, FOUNDATIONS, GOVERNMENTS AND VOLUNTEERS TO EDUCATE AND PROTECT FAMILIES

2	Did the organization und the prior Form 990 or 99		program se	rvices during the year	which were not listed on	└ Yes └ No
	If "Yes," describe these	new services on Sche	dule O			
3	Did the organization ceaservices?	se conducting, or mak	ce significan	t changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Schedule	0			
4		01(c)(4) organization	s and section	on 4947(a)(1) trusts a	largest program services b ire required to report the an service reported	•
4a	(Code	) (Expenses \$	1,289,393	ıncludıng grants of \$	856,693 ) (Revenue \$	0)
	LOCAL ATTENTION TO PEDES OF THE PROGRAM IN SPRIN UNITED STATES AND ON THI INTERNATIONAL WALK TO SO WAY ALSO LEADS YEAR-ROU GRANTS TO MORE THAN 50 PHYSICAL IMPROVEMENTS T VISIBILITY SCHOOL-BASED A	STRIAN SAFETY ISSUES THE G 2000, SAFE KIDS WALK TREE CONTINENTS SAFE KICHOOL DAY AND HIGH-VISIND TASK FORCES TO IMPROVED TO WALKING ENVIRONMENTAL COMMUNITY EVENTS,	HE GOAL OF TH THIS WAY HAS IDS AND FEDE) IBILITY SAFETY ROVE PEDESTR DRK WITH CITY TS FOR CHILD DATA COLLECT	E INITIATIVE IS PREVENTIN SPANNED THE GLOBE TO R (PARTNER IN 200 CITIES TAWARENESS BUILDING IN: IAN ENVIRONMENTS FOR CY LEADERS, TRAFFIC ENGIN PEDESTRIANS SAFE KIDS! ION DOCUMENTING RISKS	IG PEDESTRIAN-RELATED INJURY REACH FAMILIES IN MORE THAN 3 TO HOST WALK TO SCHOOL-BASE ITIATIVES ON AND AROUND HALLE KHILDREN SAFE KIDS AND FEDEN WEERS AND METROPOLITAN PLAN WALK THIS WAY IS A MULTIFACE	D EVENTS, WHICH TAKE PLACE ON DWEEN SAFE KIDS WALK THIS HAVE PROVIDED SIGNIFICANT NING ORGANIZATIONS TO MAKE TED PROGRAM INVOLVING HIGH-ROUNDING SCHOOLS AND SCHOOL
41-	(Code	\ /Evnances d	1,076,735	ıncludıng grants of \$	8,360 ) (Revenue \$	0)
4b	SAFE KIDS BUCKLE UP PROC MOTORS CORPORATION HAS NATIONAL INITIATIVE, BRING PROGRAM OFFERS PARENTS BOOSTER SEATS, AND SEAT GRANTS TO SAFE KIDS COAL NATIONALLY CERTIFIED CHI HEALTH EXPERTS AND GENE BUCKLE UP EVENTS AND CO	S SERVED AS SAFE KIDS BUSING MOTOR VEHICLE SAF SAND CAREGIVERS HANDS BELTS AND PRESENTS INT LITIONS TO CONDUCT SAF LID PASSENGER SAFETY TE RAL MOTORS DEALERSHIP MMUNITY OUTREACH EFF	E UP IS THE LA JCKLE UP'S EX ETY MESSAGES -ON INSTRUCT ERACTIVE EDU ETY PROGRAM CHNICIANS, TF S SINCE THE I DRTS CERTIFI	RGEST, MOST COMPREHEN CLUSIVE FUNDING SOURCE TO CHILDREN AND FAMILITION ABOUT SAFETY IN AND CATIONAL PROGRAMS FOR S AT THE LOCAL LEVEL THE RANSPORTATION SAFETY EXPROGRAM'S INCEPTION, ME ED CHILD PASSENGER SAF	ISIVE PROGRAM OF SAFE KIDS USE AND HELPED BUILD SAFE KIDS IS EAND HELPED BUILD SAFE KIDS IS IS THROUGH COMMUNITY AND IS AROUND CARS TO INCLUDE, BUTTON CHILDREN AGES 14 AND UNDER ESE NETWORKS OF GRASSROOTS OF GRAS	SA SINCE 1996, THE GENERAL SUCKLE UP INTO A MULTIFACETED DEALER PARTNERSHIPS THE T NOT LIMITED TO CAR SEATS, SAFE KIDS BUCKLE UP PROVIDES VOLUNTEERS INCLUDE CE OFFICERS, NURSES, PUBLIC VE BEEN EXPOSED TO SAFE KIDS COUGH SAFE KIDS COALITIONS
4c					58,852 ) (Revenue \$ ICATION TRAINING PROGRAM CE HAVE COMPLETED TRAINING ANI	
	PASSENGER SAFETY (CPS) T CONDUCTING CHILD SAFETY SYSTEMS AND SAFETY BELTS IS RESPONSIBLE FOR ADMIN	ECHNICIANS SINCE THE P ( SEAT CHECKS, WHERE P. S SAFE KIDS WORLDWIDE IISTERING ALL ASPECTS OF MAINTAINING A DIRECTORY	ROGRAM BEGA ARENTS AND C IS THE CURRE CERTIFICATIONAL	N IN 1997 CPS TECHNICIA AREGIVERS RECEIVE HAND ENT CERTIFYING BODY FOR DN INCLUDING COURSE MA LY CERTIFIED CPS TECHNI	ANS AND INSTRUCTORS PUT THE DS-ON ASSISTANCE WITH PROPER R THE NATIONAL CHILD PASSENGE ANAGEMENT, COURSE REGISTRAT CIANS AND INSTRUCTORS SAFE	IR KNOWLEDGE TO WORK BY USE OF CHILD RESTRAINT ER SAFETY TRAINING PROGRAM IT ION, RECERTIFICATION,
4d	Other program services	,	•		•	40.000
	(Expenses \$	2,822,416 includ	ing grants o	t\$ 801,	435)(Revenue \$	19,637)
4e	Total program service e	expenses <b>⊩</b> \$	6,039,44	4		

Dart TV	Checklist	of Deau	irad Sa	chadulae
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			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other	IRS	Filings and	Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ▶CH  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

WASHINGTON, DC 20004

(202) 662-0610

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

Section A. Governing Body and Management

Эе	ection A. Governing body and management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 13			
b	Enter the number of voting members that are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		110
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	_05		
17	List the States with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , CA , CO , CT , DC , F ME , MD , MA , MI , MN , MS , NH , NJ , I OH , OK , OR , PA , RI , SC , TN , UT , V	NM,N	Y,NC,	,ND,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply		, ,	
19	Own website Another's website Vupon request  Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨
	CORPORATE OFFICERS 1301 PENNSYLVANIA AVE NW	<u>.</u>		

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i		sate any	/ curi	rent	or fo	rmer o	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posit	(0	; <b>)</b> ched	:k al			( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week Qr India		Officei	Key employee	Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

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

	4/			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
_		*	162	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

#### **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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
IBS ENTERPRISES INC 1730 S FEDERAL HWY 278 DELRAY BEACH, FL 33483	IT SCANNING SERVICES	125,764
PROFESSIONAL EXAMINATION SERVICES 475 RIVERSIDE DRIVE NEW YORK, NY 10115	SAFETY TRAININGS	422,430
CONVIO INC 11501 DOMAIN DRIVE SUITE 2000 AUSTIN, TX 78758	INTERNET DEVELOPMENT	192,111
TEAM SOUND VISION 4455 CONNECTICUT AVENUE NW STE C 1 WASHINGTON, DC 20008	CREATE VIDEOS	251,850
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 \(\black\)4	, who received more than	

Form 99								Page <b>9</b>
Part	<b>/1111</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a	9,475				
ie in	ь	Membership du	es <b>1b</b>					
s, g	С	Fundraising eve	ents 1c					
<u>₩</u> .	d	Related organiz	rations 1d					
ns, High	e	Government grants	s (contributions) <b>1e</b>	399,794				
ntio er s	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	4,266,346				
ξŧ	g		butions included in					
Contributions, gifts, grants and other similar amounts	   h			▶	4,675,615			
<u> </u>	-"-	Total. Add filles	5 1 4 - 11		1,0,3,013			
Ę	2a	INCOME FROM CEI	RTIFICATIONS	Business Code 900,099	1,020,432	1,020,432		
evel	ь			900,039	1,020,432	1,020,432		
ē. Er	_ c							
7.	d							
å ⊆	e							
Program Serwce Revenue	f	All other progra	am service revenue					
Š	g	Total Add lines	s 2a-2f	<b>h</b> -	1,020,432			
	3		ome (including divident		1,020,102			
		and other simila	ar amounts)	▶	0			
	4		stment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties			0			
	6a	Gross Rents	(ı) Real 155,985	(II) Personal				
	Ь	Less rental	0					
	<sub>c</sub>	expenses Rental income	155,985					
	d	or (loss)	me or (loss)		155,985			155,985
	<u> </u>	Net rental incol	(i) Securities	(II) O ther				300,000
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and						
		sales expenses						
	d	Gain or (loss)	s)	<b>▶</b>	0			
	8a	Gross income f						
Other Revenue		events (not inc \$ of contributions	_					
<del>Т</del> ег	ь	Less direct ex	penses <b>b</b>					
ŏ	с		(loss) from fundraising	events 🕨	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities ▶	o			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inve		0			
		Miscellaneous		Business Code	C 0C4 220			6 964 220
	Ι.	FORGIVENESS		900,099	6,864,320	10.627		6,864,320
	b	MISCELLANEC	OUS REVENUE	900,099	19,637	19,637		
	4   c	All other rawa						
	d e	All other revenue Total. Add lines	ı					
	12		See Instructions	<b>.</b>	6,883,957	4 040 05-		7.020.205
	1				12,735,989	1,040,069		7,020,305

	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	922,504	922,504		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	802,836	802,836		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	389,571	159,725	155,828	74,018
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	2,529,005	1,983,454	145,146	400,405
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	95,392	71,921	11,073	12,398
9	Other employee benefits	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	
	·	50,133	40,154	6,790	3,189
10	Payroll taxes	183,047	127,531	19,095	36,421
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	23,385	10,008	9,102	4,275
С	Accounting	0			
d	Lobbying	33,527	33,527		
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,096,011	1,010,119	65,063	20,829
12	Advertising and promotion	1,787	1,787		
13	Office expenses	158,891	116,677	34,298	7,916
14	Information technology	104,362	72,307	28,856	3,199
15	Royalties	0			
16	Occupancy	679,120	38,673	640,447	
17	Travel	202,749	141,250	43,672	17,827
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	32,556	27,980	95	4,481
20	Interest	1,244		1,244	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	142,270	59,469	56,339	26,462
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	MEDIA SERVICES/PRINTING	349,601	349,208	109	284
	OTHER MISCELLANEOUS	132,996	70,314	9,739	52,943
С	OVERHEAD	1,742,901	,	1,742,901	·
d		, :=,::=		, :=,::2	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,673,888	6,039,444	2,969,797	664,647
26	Joint costs. Check here ► ☐ If following SOP 98-2	9,073,000	0,039,444	2,505,757	004,047
20	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	- Imparguant innatation good tradeon			1	

Part X Balance Sheet (A) (B) Beginning of year End of year 30,684 1.518.107 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 2 Savings and temporary cash investments . . . . . . 2,473,583 3 693,407 3 4 63.422 19.210 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 7 8 Inventories for sale or use . . . . . . 64,053 9 111,955 Land, buildings, and equipment cost or other basis Complete 944.233 10a 10a Part VI of Schedule D 10b 274.235 286,269 669.998 b Less accumulated depreciation . . . . 10c 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 3.197.296 3.622.257 15 15 16 6,115,307 16 6,634,934 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 912.014 17 642.289 17 Accounts payable and accrued expenses . 18 18 10,047 19 0 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 2.419.320 25 Other liabilities Complete Part X of Schedule D . . . . . 25 156,619 26 **Total liabilities.** Add lines 17 through 25 . . . . . 3,341,381 798,908 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -2.837.918 1,704,243 27 Unrestricted net assets . . . . 27 28 5.611.844 28 4.131.783 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 2,773,926 33 33 5,836,026 34 Total liabilities and net assets/fund balances . . . . . 6.115.307 6,634,934 34

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

Employer identification number

### SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Safe Kids Worldwide 52-1627574 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 Type III - Other ✓ Type I **b** Type II **c** Type III - Functionally integrated 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo Provide the following information about the supported organization(s)

(ii) EIN	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?		Is th organizat col (1) org	e ıon ın anızed	(vii) A mount of support?
		Yes	No	Yes	No	Yes	No	
530196580	03	Yes		Yes		Yes		278,481
								278,481
	EIN	organization (ii) (described on EIN lines 1- 9 above or IRC section (see instructions))	Type of organization (described on EIN lines 1- 9 above or IRC section (see instructions))  Type of Is the organization organization (i) lis your gove docume	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of Is the organization in col (i) listed in your governing document?  Yes No	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of Organization (Is the Organization in col (i) listed in your governing document?  (SO (I) Organization in col (i) listed in your governing document?  Yes No Yes	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of Organization (IV)  Is the Organization in col (i) listed in your governing document?  Yes No Yes No	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of organization (IV)  Is the organization in col (i) listed in your governing document?  Yes No Yes No Yes (v)  Out you notify the organization in col (i) of your support?  Is the organization in col (i) of your support?  In the U	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of organization in (described on lines 1 - 9 above or IRC section (see instructions))  Type of organization in col (i) listed in your governing document?  (v)  (v)  Is the organization in col (i) of your support?  Support?  Is the organization in col (i) organized in the U S?  Yes No Yes No Yes No

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID: Software Version:

**EIN:** 52-1627574

Name: Safe Kids Worldwide

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	210,229	ıncludıng grants of \$	17,800 ) (Revenue \$	0)
FIRE AND BURN P	ROTECTION				
(Code	) (Expenses \$	223,500	ıncludıng grants of \$	49,250 ) (Revenue \$	0)
NATIONAL SAFE	KIDS WEEK				
(Code	) (Expenses \$	138,586	ıncludıng grants of \$	0) (Revenue \$	0)
NATL HIGHWAY T	RAFFIC SAFETY ADMIN				
(Code	) (Expenses \$	52,139	ıncludıng grants of \$	15,000 ) (Revenue \$	0)
CDC GRANT					
(Code	) (Expenses \$	342,671	ıncludıng grants of \$	285,025 ) (Revenue \$	0)

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	m services				
(Code CHILDREN'S HOS	) (Expenses \$ SPITAL GRANT	278,481	ıncludıng grants of \$	278,481 ) (Revenue \$	0)
(Code OTHER PROGRAI	) (Expenses \$ M SERVICE ACTIVITIES	1,576,810	ıncludıng grants of \$	155,879 ) (Revenue \$	19,637 )

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) A verage hours		tion ( hat a	che	)			(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JOHN CLASTER CHAIRMAN	1 0	Х		х				0	0	0
JOHN FORMISANO VICE CHAIRMAN	1 0	Х		х				0	0	0
DIANA GOLDBERG CHAIRMAN	1 0	Х		х				0	0	0
STEPHEN O'TOOLE SEC/TREASURER	1 0	Х		х				0	0	0
MITCHELL STOLLER VP/CEO SAFE KIDS (THRU 12/10)	55 0	Х		х				0	357,899	31,672
EDWARD K ZECHMAN JR PRESIDENT/ CEO	1 0	Х		х				0	2,344,392	29,566
JACQUELINE BOWENS BOARD MEMBER	1 0	Х						0	750,873	47,566
SARAH COLAMARINO BOARD MEMBER (AS OF 1/2010)	1 0	Х						0	0	0
KIMBERLY EGAN BOARD MEMBER	1 0	Х						0	0	0
EDWIN FULLER BOARD MEMBER (AS OF 9/2009)	1 0	Х						0	0	0
DANA POINTS BOARD MEMBER	1 0	Х						0	0	0
RAYMOND SCZUDLO BOARD MEMBER	1 0	Х						0	1,144,080	29,707
ORLY SIBLINGER BOARD MEMBER	1 0	Х						0	0	0
DAVID SWEARIGEN BOARD MEMBER (THRU 12/2009)	1 0	Х						0	0	0
DOUGLAS MYERS EVP & CHIEF FINANCIAL OFFICER	1 0			х				0	372,263	44,634
CHRISTINA CIANFLONE DIR PROGRAM OPERATIONS	55 0					х		0	117,114	8,533
TORINE CREPPY CHIEF PROGRAM OFFICER	55 0					Х		0	175,338	15,433
ALAN KORN DIR PUBLIC POLICY	55 0					Х		0	167,783	12,549
DAVID BENNETT DIR OF DEVELOPMENT	55 0					Х		0	233,219	11,719
JUREK GRABOWSKI DIR RESEARCH & PROGRAMS	55 0					х		0	120,188	12,229

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DLN: 93493133018331

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

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

Section Sectio	ction 501(c) (other than section 5 ction 527 organizations. Complete corganization answered "Yestion 501(c)(3) organizations that ction 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under shave NOT filed Form 5768 (election under shave NOT filed Form 5768 (election under shave).	s I-A and C below Form 990-EZ, Pa section 501(h)) Conder section 501(h	rt VI, line 47 (Lobby omplete Part II-A Do r n)) Complete Part II-B	ying a not co Do r	mplet not co	e Part II-B mplete Part	II-A
	me of the organization			Employe	rıder	ntıfıca	ition numbe	r
Safe	e Kids Worldwide							
200	T A Complete if the or		naction FO1/a	52-1627				
<b>2611</b>	II-A Complete if the or	ganization is exempt under s	section 501(c	) or is a section	52/	огд	janizatio	<u>n</u>
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign activ	vities in Part IV				
2	Political expenditures			<b>•</b>	-	\$		
3	Volunteer hours							
Par	T-B Complete if the or	ganization is exempt under s	section 501(c	)(3).				
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		Þ	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955							
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?				┌ Yes	┌ No
4a	Was a correction made?						☐ Yes	☐ No
Ь	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c	) except section	1 <b>5</b> 0:	1(c)	(3).	
1		nded by the filing organization for sec				\$		
2	Enter the amount of the filing o	rganization's funds contributed to oth	er organizations	for section 527		-		
_	exempt funtion activities		ior organizations	101 30011011 327	F	\$		
3	Total exempt function expendit	ures Add lines 1 and 2 Enter here a	ind on Form 1120	-POL, line 17b	<b>F</b>	\$		
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?					┌ Yes	┌ No
5	were made For each organizati contributions received that we	nd employer identification number (EI on listed, enter the amount paid from re promptly and directly delivered to a littee (PAC) If additional space is ne	the filing organiz a separate politic	atıon's funds Also e al organızatıon, such	ntert	the ar	nount of po	litical
	(a) Name	(b) Address	(c) EIN	(d) A mount paid f filing organization funds If none, ente	n's	со	A mount of ntributions and prompt	received ly and

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

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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

		(;	a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?	Yes		25	
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		20,00	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		13,27	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i		•	33,52	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νο		

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

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

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

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

#### Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1F		SAFE KIDS WORLDWIDE UTILIZED BOTH ITS NATIONAL PUBLIC POLICY DEPARTMENT STAFF AND SOME OF ITS COALITION NETWORK TO INFLUENCE STATE LEGISLATURES ON CHILD OCCUPANT PROTECTION LAWS, BIKE HELMET LAWS, RESIDENTIAL CARBON MONOXIDE ALARM LAWS, PERSONAL FLOTATION DEVICE LAWS AND NOVELTY LIGHTER LAWS IN SUPPORT OF CARBON MONOXIDE SAFETY LAWS, WE IMPLEMENTED AN ADVOCACY GRANT PROGRAM AND DISTRIBUTED GRANTS TO ELIGIBILE AND QUALIFIED US SAFE KIDS COALITION OFFICES SAFE KIDS UTILIZED ITS NATIONAL PUBLIC
		POLICY DEPARTMENT TO INFLUENCE THE U S CONGRESS ON LEGISLATION RELATED TO CARBON MONOXIDE SAFETY, ROAD SAFETY AND INFANT SLEEP SAFETY

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DLN: 93493133018331

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal Revenue Service F Attach to Fo	orm 990. F See separate instructions.		Inspection
Name of the organization Safe Kıds Worldwide		Emplo	yer identification number
		52-16	527574
Part I Organizations Maintaining Donor A		unds o	r <b>Accounts.</b> Complete if the
organization answered "Yes" to Form 99	(a) Donor advised funds	(h	) Funds and other accounts
Total number at end of year	(a) Donor advised idinas	(5	, runus and other accounts
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advi		nor advise	ed <b>Tyes TNo</b>
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	purpose <b>Yes No</b>
art II Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form	990, Part IV, line 7.
Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of a	certified l	ally importantly land area historic structure servation
			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified his	toric structure included in (a)	2c	
Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
Number of conservation easements modified, transfe the taxable year - Number of states where property subject to conserva		ed by the	organization during
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, hai	 ndling of v	iolations, and <b>Yes No</b>
Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments dur	ing the year ▶
A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts during t	the year 🟲 \$
Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	☐ Yes ☐ No
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	•	•
Organizations Maintaining Collection Complete if the organization answered		or Othe	er Similar Assets.
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resea	rch ın furtl	
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research		
(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
(ii) Assets included in Form 990, Part X			<b>►</b> \$
If the organization received or held works of art, histofollowing amounts required to be reported under SFA		for financi	
Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>t, His</u>	tori	<u>cal Tr</u>	easu	res, or Ot	hei	r Similar A	sse	ts (cc	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	e a significai	nt us	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexch	nange progra	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w the	y furthe	r the o	rganızatıon's	sex	empt purpos	e in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	<b>┌</b> \	í es	Г No
Part	Part IV, line 9, or reported an an						answered	l "Ye	es" to Form	990	,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	tions o	rotherasse	ets n	ot	Γ,	í es	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	/ing ta	able		Г		P	moui	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	ie 21?					-		Г	es .	┌ No
	If "Yes," explain the arrangement in Part XIV									•		,
Par			n ans	were	ed "Ye	s" to F	orm 990,	Part	t IV, line 10	١.		
		(a)Current Year		<b>)</b> Prior `			Years Back		hree Years Bacl		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re held	and a	dmınıstered	for t	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•				•		a(i)		<u> </u>
	(ii) related organizations									a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	·						•		3Ь		L
- Pari						an Da	rt V ling 1	ı n				
ген	investments—Land, buildings	, and Equipme			) Cost o		(b)Cost or of		(c) Accumula	tod T		
	Description of investment				sis (inves		basis (othe		depreciation		( <b>d</b> ) Bo	ook value
	and		•	<u> </u>								
	Buildings		•									
c L	easehold improvements		•				51,	066	16	,126		34,940
										- 1		
d E	quipment		•				797,	436	162	,378		635,058
d E	quipment	<u> </u>	· ·	L			·	436 730		,730		635,058

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	( <b>b)</b> Book value		year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		1.2	
Part VIII Investments—Program Related. See	Form 990, Part X, line		d =6=1=b.==
(a) Description of investment type	(b) Book value		d of valuation -year market value
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line			
	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		1,008
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		1,008
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  OTHER RECEIVABLE  INV IN ASSET OF AFFILIATE  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	fie 15. tion  5.)		1,008
OTHER RECEIVABLE INV IN ASSET OF AFFILIATE  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	fie 15. tion  5.)		1,008
Part IX Other Assets. See Form 990, Part X, Immage (a) Descripe OTHER RECEIVABLE INV IN ASSET OF AFFILIATE  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount	, , , , , , , <b>,</b>	1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  OTHER RECEIVABLE  INV IN ASSET OF AFFILIATE  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.) , line 25. (b) A mount	, , , , , , , <b>,</b>	1,008
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DUE TO AFFILIATES	5.) , line 25. (b) A mount		1,008

SCHEDULE D, PART XIII, LINE 4B

Part	Reconciliation of Cl	hange in Net Assets from Forn	n 990	O to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	12,735,989
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	9,673,888
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	3,062,101
4	Net unrealized gains (losses) or	n investments				4	
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Irr	nes 4 - 8				9	
10		per financial statements Combine lines	:3an	4 9		10	3,062,101
Part		evenue per Audited Financial			ts With Revenue :	er R	
1		r support per audited financial stateme				1	12,735,989
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	.	2a			
b	Donated services and use of fa	acilities	. [	2b			
c	Recoveries of prior year grants		. [	2c			
d	Other (Describe in Part XIV)		. [	2d			
e	Add lines <b>2a</b> through <b>2d</b> .					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	12,735,989
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a			
b	Other (Describe in Part XIV)		L	4b			
c	Add lines <b>4a</b> and <b>4b</b>		•			4c	
5		d <b>4c.</b> (This should equal Form 990, Part	_			5	12,735,989
		kpenses per Audited Financial	Stat	teme	nts With Expenses	s per	
1	Total expenses and losses per statements					1	9,395,407
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25		ı	•		
а	Donated services and use of fa			2a		-	
b	Prior year adjustments		•	2b		_	
С	Other losses		•	2c		-	
d	Other (Describe in Part XIV)		•	2d		-	
е	Add lines 2a through 2d		•			2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		•			3	9,395,407
4		D, Part IX, line 25, but not on line 1:		1 _	1		
а	·			4a	272.424	-	
b	Other (Describe in Part XIV)		•	4b	278,481	١.	270.404
с -	Add lines 4a and 4b					4c	278,481
5 Dors	EXIV Supplemental Inf	nd <b>4c.</b> (This should equal Form 990, Par	rt I, IIr	ne 18 )		5	9,673,888
Com Part	plete this part to provide the des V , line 4 , Part X , Part XI , line 8 , cional information	criptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XII			and 4b Also complete	this pa	
1	Ident if ier	Ret urn Reference			Explanat	ion	l

**Explanation** 

CHILDREN'S HOSPITAL SUPPORT \$278,481

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As Filed Data -

DLN: 93493133018331

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

Open to Public **Inspection** 

Internal Revenue Service Name of the organization Safe Kids Worldwide

Department of the Treasury

Employer identification number

52-1627574

Part I	General Information on	<b>Activities Outside the United State</b>	<b>s.</b> Complete if the organization answered
	"Yes" to Form 990, Part IV,	line 14b.	-

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

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

<b>3</b> Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional space is needed )		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	1	4	Grantmakıng	PEDESTRIAN/HOME SAFETY	599,549
Middle East and North Africa	0	0	Grantmakıng	PEDESTRIAN/HOME SAFETY	22,000
North America	0	0	Grantmakıng	PEDESTRIAN/HOME SAFETY	6,000
South America	0	0	Grantmakıng	PEDESTRIAN/HOME SAFETY	50,000
South Asia	0	0	Grantmakıng	PEDESTRIAN/HOME SAFETY	125,287
Totals ▶	1	4			802,836
For Privacy Act and Paperwork R	eduction Act Notic	e, see the Instruc	tions for Form 990.	Cat No 50082W Sche	edule F (Form 990) 2009

Part II	Grants a	nd Other As	sistance to Organ	nizations or Entiti	es Outside the Un	ited States. Comp	lete if the organizat	ion answered "Yes"	to Form 990,
	,		y recipient who rece n 990) if additional :	, ,	000. Check this box	if no one recipient	received more than	\$5,000	▶ ┌
•		(b) IRS code	(c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount of	(h) Description	(i) Method of

(a) Name of organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other
		East Asia/Pacific	CHILD SAFETY	27,350	WIRE		0 N /A	N/A
		East Asia/Pacific	CHILD SAFETY	81,482	WIRE		0 N/A	N/A
		East Asia/Pacific	CHILD SAFETY	85,500	WIRE		0 N /A	N/A
		East Asia/Pacific	CHILD SAFETY	43,151	WIRE		0 N /A	N/A
		East Asia/Pacific	CHILD SAFETY	22,826	WIRE		0 N /A	N/A
		East Asia/Pacific	CHILD SAFETY	68,050	WIRE		0 N /A	N/A
		East Asia/Pacific	CHILD SAFETY	153,961	WIRE		0 N /A	N/A
		East Asia/Pacific	CHILD SAFETY	71,963	WIRE		0 N /A	N/A
		East Asia/Pacific	CHILD SAFETY	42,550	WIRE		0 N /A	N/A
		Middle East/North Africa	CHILD SAFETY	10,000	WIRE		0 N /A	N/A
		Middle East/North Africa	CHILD SAFETY	10,000	WIRE		0 N/A	N/A
		North America	CHILD SAFETY	6,000	СНЕСК		0 N /A	N/A
		South America	CHILD SAFETY	50,000	WIRE		0 N /A	N/A
		South Asia	CHILD SAFETY	125,287	WIRE		0 N /A	N/A

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

		d in Part I, line 2, and any additional information.
Identifier SCHEDULE F, LINE 2	ReturnReference	Explanation  SAFE KIDS WORLDWIDE WORKS WITH THE MEMBER COUNTRY GRANTEE AND THE FUNDER TO DEVELOP AND NEGOTIATE THE SPECIFIC BUDGET AND DELIVERABLES FOR EACH GRANT ONCE THIS IS COMPLETED, THE FUNDER SENDS A CHECK TO SAFE KIDS WORLDWIDE SAFE KIDS WORLDWIDE DEPOSITS THE CHECK AND THEN PREPARES A GRANT AGREEMENT BETWEEN SAFE KIDS WORLDWIDE AND THE MEMBER COUNTRY GRANTEE, SPECIFYING EXACTLY HOW THE GRANTEE WILL SPENT THE GRANT FUNDS AFTER SAFE KIDS WORLDWIDE RECEIVES THE SIGNED GRANT AGREEMENT FROM THE MEMBER COUNTRY GRANTEE, SAFE KIDS WORLDWIDE WIRES THE FUNDS TO THE MEMBER COUNTRY DURING THE GRANT PERIOD THE GRANTEES SEND MONTHLY ACCOUNTING AND PROGRAM REPORTS TO SAFE KIDS WORLDWIDE AND TAKE PART IN MONTHLY CONFERENCE CALLS TO MONITOR PROGRESS TO WARD THE AGREED UPON DELIVERABLES

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493133018331 OMB No 1545-0047

Employer identification number

### **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** 

Safe Kids Worldwide							
						52-1627574	
<ul> <li>Part I General Information</li> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	records to substant vard the grants or as	nate the amount of the					Γ Yes Γι
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	pient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50 3 Enter total number of other orga						_	20
- Enter total number of other orga						· · · · · · <u> </u>	0

art III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	n answered "Yes	s" to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.			·	·

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	l		1	

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

Ident if ier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		WHEN GRANT FUNDS ARE AVAILABLE, THE ORGANIZATION WILL INFORM THE COALITIONS VIA MAIL OR POST A "REQUEST FOR PROPOSAL" ON THE SAFE KIDS NETWORK THE PROPOSALS ARE REVIEWED BY A VARIETY OF INDIVIDUALS IN HOUSE AND OUTSIDE THE ORGANIZATION FOR THEIR ABILITY TO SUPPORT THE VARIOUS SAFE KIDS INITIATIVES UPON SELECTION, THE COALITION IS SENT AN AWARD LETTER AND SIGNS A GRANT AGREEMENT SAFE KIDS THEN DISTRIBUTES THE GRANT CHECK, DEPENDING ON THE SIZE OF THE GRANT, IT MAYBE BE A ONE-TIME PAYMENT, OR CONSIST OF MULTIPLE PAYMENTS AN ONLINE GRANT MANAGEMENT TOOL IS IN PLACE FOR THE GRANTEES TO INPUT THEIR PROGRAM ACTIVITIES AND DETAIL HOW THEY SPENT THEIR GRANT FUNDS ONCE THE GRANT PERIOD HAS ENDED SAFE KIDS EVALUATES THE INFORMATION FOR FUTURE GRANT ISSUANCES, OR IF IT'S A MULTIPLE PAYMENT GRANT, TO DETERMINE WHETHER OR NOT TO ISSUE THE NEXT PAYMENT SOME OF THE GRANTS MAY BE MONITORED VIA QUARTERLY CONFERENCE CALLS AS WELL

Software ID:

**Software Version:** 

**EIN:** 52-1627574

Name: Safe Kids Worldwide

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS CHICAGO2300 CHILDRENS PLAZA CHICAGO,IL 60614	36-2170833	501(C)(3)	35,047	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS DENVER METRO 13123 E 16TH AVE B911 AURORA,CO 80045	84-0166760	501(C)(3)	15,000	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS GEORGIA STATE 1655 TULLIE CIRCLE NE ATLANTA,GA 30329	58-1936575	501(C)(3)	16,500	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS GRAND FORKS 860 SOUTH COLUMBIA RD GRAND FORKS,ND 58201	45-0310462	501(C)(3)	22,793	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS GREATER CINCINNATI3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501(C)(3)	6,000	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS GREATER CLEVELAND10524 EUCLID AVE CLEVELAND,OH 44106	34-1567805	501(C)(3)	6,550	0	N/A	N/A	SA FETY INITIATIVES
SAFE KIDS GREATER SACRAMENTO6501 COYLE AVE CARMICHAEL, CA 95608	94-1196203	501(C)(3)	7,000	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS GREATER TOLEDO 2142 N COVE BLVD HMT 940 TOLEDO,OH 43606	34-4428256	501(C)(3)	14,143	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS INDIANA STATE 575 RILEY HOSPITAL INDIANAPOLIS,IN 46202	35-6001673	501(C)(3)	5,100	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS METRO DETROIT3901 BEAUBIEN BLVD DETROIT,MI 48201	38-1357994	501(C)(3)	6,910	0	N/A	N/A	SAFETY INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of **(b)** EIN (g) Description of (h) Purpose of grant (a) Name and address of

organization or government	(D) LIN	if applicable	grant	cash assistance	valuation (book, FMV , appraisal, other)	non-cash assistance	or assistance
SAFE KIDS MINNESOTA STATE474 CONCORDIA AVENUE ST PAUL, MN 55103	41-0418405	501(C)(3)	5,214	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS NEW JERSEY STATE6 COMMERCE DRIVE CRANFORD, NJ 07016	22-1500567	501(C)(3)	8,611	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS NEW YORK STATE175 COMMUNITY DRIVE GREAT NECK,NY 11021	11-3418133	501(C)(3)	8,500	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS NW METRO MINNEAPOLIS3300 OAKDALE AVENUE N ROBBINSDALE, MN 55422	41-0729979	501(C)(3)	8,000	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS PENNSYLVANIA STATE275 GRANDVIEW AVE CAMP HILL,PA 17011	23-1743451	SCHOOL CTR	17,550	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS SALT LAKE COUNTY788 EAST WOODLAKE LANE MURRAY,UT 84107	87-6000316	HEALTH DEPT	14,000	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS SANTA CLARASAN MATEO725 WELCH ROAD P160 PALO ALTO,CA 94304	77-0003859	501(C)(3)	14,500	0	N/A	N/A	SAFETY INITIATIVES
SAFE KIDS UNION COUNTY 1970 WEST BROAD STREET COLUMBUS,OH 43223	31-6400087	HEALTH DEPT	14,000	0	N/A	N/A	SA FETY INITIATIVES
SAFE KIDS WESTERN MASSACHUSETTS50 MAPLE STREET SPRINGFIELD,MA 01105	04-2790311	501(C)(3)	11,500	0	N/A	N/A	SAFETY INITIATIVES
CHILDREN'S HOSPITAL111 MICHIGAN AVENUE NW WASHINGTON,DC 20010	53-0196580	501(C)(3)	278,481	0	N/A	N/A	GENERAL SUPPORT

DLN: 93493133018331

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Jan	e Kius Worldwide	52-1627574			
Pa	rt I Questions Regarding Compensation	1			
				Yes	Νo
1a	· · · · · · · · · · · · · · · · · · ·	vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgonic reimbursement orprovision of all the expenses descr	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive	· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at apply			
	Compensation committee Independent compensation consultant	─ Written employment contract ─ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
	,	,,			
4	During the year, did any person listed in Form 990, Por a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	payment?	4a		No
ь	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		8		No
9	If "Yes" to line 8 did the organization also follow the	rehuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MITCHELL STOLLER	(I) (II)	0 315,304	0 39,550		I - I	0 7,440	- 1	
EDWARD K ZECHMAN JR	(I) (II)	0 936,880	0 825,363	0 582,149	0 12,250	0 17,316	·	
JACQUELINE BOWENS	(I) (II)	0 351,889	0 244,936	0 154,048	0 36,750	0 10,816	0 798,439	
RAYMOND SCZUDLO	(I) (II)	0 426,133	0 451,958	0 265,989	0 12,250	0 17,457	0 1,173,787	
TORINE CREPPY	(I) (II)	0 154,834	0 20,000	1	0 8,122	0 7,311	- 1	
ALAN KORN	(I) (II)	0 152,053	0 15,000	0 730	1	0 6,125	0 180,332	
DAVID BENNETT	(I) (II)	0 212,621	0 20,000	0 598	0 8,365	0 3,354	0 244,938	
DOUGLAS MYERS	(ı) (ıı)	0 260,637	0 50,000	0 61,626	000,98	0 5,634	0 416,897	
				1				
	'							
	'		<del>                                     </del>				-	

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SCHEDULE J, LINE 3		SAFE KIDS WORLDWIDE ("SKWW") RELIES ON ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER, TO DETERMINE COMPENSATION FOR SKWW'S PRESIDENT AND CEO CHILDREN'S NATIONAL MEDICAL CENTER USED A COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, INDEPENDENT COMPENSATION COMPENSATION COMPENSATION COMMITTEE
SCHEDULE J, LINE 4B		THE FOLLOWING INDIVIDUALS PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION DOUGLAS MYERS - \$39,000 JACQUELINE BOWENS - \$24,500

Schedule J (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 52-1627574

Name: Safe Kids Worldwide

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DLN: 93493133018331

OMB No 1545-0047

**SCHEDULE 0** 

Department of the Treasury

(Form 990)

**Supplemental Information to Form 990** 

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

Employer identification number

52-1627574

Name of the organization Safe Kıds Worldwide

Internal Revenue Service

ldentifier Return **Explanation** Reference PART VI, LINE 6, CHILDREN'S NATIONAL MEDICAL CENTER IS THE SOLE MEMBER OF SAFE KIDS WORLDWIDE AND HAS 7A, AND 7B THE RIGHT TO ELECT DIRECTORS OF SAFE KIDS WORLDWIDE THE ARTICLES AND BY-LAWS OF SAFE KIDS WORLDWIDE DESCRIBE CERTAIN RIGHTS RESERVED TO THE SOLE MEMBER

ldentifier	Return Reference	Explanation
PART VI, LINE 11		THE RELEVANT COMMITTEES OF THE ORGANIZATION AND ITS PARENT ORGANIZATION, CHILDREN'S NATIONAL MEDICAL CENTER, REVIEW APPLICABLE PORTIONS OF THE 990 THE LEGAL AFFAIRS AND AUDIT COMMITTEE REVIEW THE FINANCIAL DISCLOSURES, THE NOMINATING AND GOVERNANCE COMMITTEE REVIEW THE GOVERNANCE SECTIONS AND THE PUBLIC BENEFIT SECTIONS, AND THE EXECUTIVE COMPENSATION COMMITTEE REVIEW THE COMPENSATION DISCLOSURES THE COMPLETED FORM 990 IS THEN MADE AVAILABLE TO THE ENTIRE GOVERNING BOARD OF SAFE KIDS WORLDWIDE BEFORE FILING

Identifier	Return Reference	Explanation
PART VI, LINE 12C		SAFE KIDS WORLDWIDE REQUIRES THAT EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE COMPLETE A CONFLICT OF INTEREST FORM AT LEAST EVERY YEAR IN ADDITION EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE IS INSTRUCTED AND REQUIRED TO AMEND THE CONFLICT OF INTEREST FORM IMMEDIATELY UPON A CHANGE IN STATUS OF ANY OF THE QUESTIONS ON THE FORM THESE FORMS ARE REVIEWED ANNUALLY BY THE CHIEF LEGAL OFFICER AND CONFLICTS AND INTERESTS ARE NOTED THE SAFE KIDS WORLDWIDE BOARD MAKES A DETERMINATION, BASED ON THE RECOMMENDATION OF THE CHIEF LEGAL OFFICER AS TO WHICH PERSONS SHOULD BE CONSIDERED "INTERESTED PARTIES" BASED ON THE CRITERIA SET FORTH IN THE BOARD'S GOVERNANCE POLICY

ldentifier	Return Reference	Explanation
PART VI, LINES 13 & 14		SAFE KIDS WORLDWIDE ("SKWW") IS GOVERNED BY THE POLICIES OF ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER ("CNMC") THESE POLICIES INCLUDE A WRITTEN WHISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY SKWW'S BOARD OF DIRECTORS HAS NOT OFFICIALLY ADOPTED THESE POLICIES, BUT PLANS A RESOLUTION IN THE FUTURE TO FORMALLY ADOPT CNMC'S POLICIES

ldentifier	Return Reference	Explanation
PART VI, LINE 19		SAFE KIDS WORLDWIDE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
PART VII, SECTION A		THE INDIVIDUALS LISTED BELOW WORKED THE FOLLOWING HOURS PER WEEK FOR A RELATED ORGANIZATION DURING THE FISCAL YEAR EDWIN K ZECHMAN JR, PRESIDENT - 54 HOURS DOUGLAS MY ERS, EV P & CHIEF FINANCIAL OFFICER - 54 HOURS JACQUELINE BOWENS, BOARD MEMBER - 54 HOURS RAYMOND SCZUDLO, BOARD MEMBER - 54 HOURS DIANA GOLDBERG, BOARD MEMBER - 2 HOURS

ldentifier	Return Reference	Explanation
PART IX, LINE 24C		IN THE STATEMENT OF FUNCTIONAL EXPENSES, OVERHEAD EXPENSE OF \$1,742,901 IS IDENTIFIED UNDER THE MANAGEMENT AND GENERAL EXPENSE COLUMN THIS ACCRUED EXPENSE REPRESENTS AN OVERHEAD ALLOCATION OF SERVICES PROVIDED BY ITS SUPPORTED ORGANIZATION, CHILDREN'S HOSPITAL, DURING THE FISCAL YEAR ENDED JUNE 30, 2010 AT THE END OF FY10, THE HOSPITAL FORGAVE THIS INTERCOMPANY PAYABLE AND THERE IS NO FUTURE OBLIGATION FOR SAFE KIDS TO REPAY THIS MONEY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493133018331

2009

Open to Public Inspection

Name of the organization Safe Kids Worldwide							loyer ident 1627574	ification r	number
Part I Identification of Disregarded Entities (Complete	ıf the organızatıon	answ	ered "Yes" o	n Forr	n 990, Par				
<b>(a)</b> Name, address, and EIN of disregarded entity	(b) Primary activity Legal or fo		(c) il domicile (state Tota oreign country)		<b>(d)</b> al income	(e) End-of-year assets		Direct of	<b>(f)</b> controlling ntity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the tax-exempt organizations.		he oi	rganızatıon a	nswer	ed "Yes" o	n Form	990, Part	IV, line 3	34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity		(c) Legal domicile ( or foreign coun		(d) Exempt Code	e section	(e Public char (if section 5	nty status	<b>(f)</b> Direct controlling entity
CHILDREN'S NATIONAL MEDICAL CENTER									
111 MICHIGAN AVENUE NW	HEALTH CARE		DC		501(C)	(3)		11B	NA
WASHINGTON, DC 20010 52-1640403									
CHILDREN'S HOSPITAL									
111 MICHIGAN AVENUE NW  WASHINGTON, DC 20010 53-0196580  CHILDREN'S RESEARCH INSTITUTE	HEALTH CARE		DC		501(C)	(3)		3	NA .
111 MICHIGAN AVENUE NW	RESEARCH		DC		501(C)	(3)		9	NA
WASHINGTON, DC 20010 52-1654453 CHILDREN'S HOSPITAL SELF-INSURANCE TRUST									
111 MICHIGAN AVENUE NW	INSURANCE		DC		501(C)	(3)		11C	NA
WASHINGTON, DC 20010 52-1640399									
CHILDREN'S HOSPITAL FOUNDATION  111 MICHIGAN AVENUE NW									NA
WASHINGTON, DC 20010 52-1640402	FUNDRAISING		DC		501(C)	(3)		7	
BRAINY CAMPS ASSOCIATION									
111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	SUMMER CAMPS		DC		501(C)	(3)		11A	NA
27-1547370 CHILDREN'S NATL ADVOCACY PUBLIC POLICY									
111 MICHIGAN AVENUE NW	ADVOCACY		DC		501(C)	(3)		11A	NA
WASHINGTON, DC 20010 27-1564354									

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h</b> Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	al or ging
							Yes	No		Yes	No
CHILDREN'S PEDIATRICIANS ASSOCIATES 111 MICHIGAN AVENUE NW WASHINGTON, DC20010	HEALTH CARE	DC	NA	N/A							

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
CHILDREN'S NATIONAL HEALTH NETWORK 111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1996521	HEALTH CARE	DC	NA	С	0	0	0 %
SAFE KIDS WORLDWIDE LTD PO BOX 916 ROAD TOWN TORTOLA, VIRGIN ISLANDS VQ	INJURY PREVEN	VQ	NA	С	0	0	0 %
BEARACUDA RE	REINSURANCE	CJ	NA	С	0	0	0 %
BEAR CUB REINSURANCE LTD	REINSURANCE	CJ	NA	С	0	0	0 %

Pa	<b>ITTY</b> Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34, 35, or 36.)						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No			
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	7						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No			
b	<b>b</b> Gift, grant, or capital contribution to other organization(s)							
c	Gift, grant, or capital contribution from other organization(s)		<b>1</b> c		No			
d	Loans or loan guarantees to or for other organization(s)		1d		No			
e	Loans or loan guarantees by other organization(s)		1e					
f	Sale of assets to other organization(s)		1f		No			
g	Purchase of assets from other organization(s)		<b>1</b> g		No			
h	Exchange of assets		1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)		1j		No			
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No			
- 1	Performance of services or membership or fundraising solicitations by other organization(s)		11		No			
m	Sharing of facilities, equipment, mailing lists, or other assets		1m	Yes				
n	Sharing of paid employees		1n	Yes				
o	Reimbursement paid to other organization for expenses		10	Yes				
р	Reimbursement paid by other organization for expenses		<b>1</b> p		No			
q	O ther transfer of cash or property to other organization(s)		1q		No			
r	O ther transfer of cash or property from other organization(s)		1r		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thresh	nolds					
	(a) Name of other organization	(b) Transaction		(c) t involv	ed			
(1)		type(a-r)						
(2)								
(3)								
(4)								
(E)								
(5)								
(6)								
	,		1					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	(b) (c) (d) (e)  N of entity Primary activity Legal domicile Are all Share (state or foreign country) section asset 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?		
			Yes	No		Yes	No		Yes	N
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Software ID:

Software Version:

**EIN:** 52-1627574

Name: Safe Kids Worldwide

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity
CHILDREN'S NATIONAL MEDICAL CENTER	HEALTH CARE	DC	501(C)(3)	11B	NA
111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1640403					
CHILDREN'S HOSPITAL	HEALTH CARE	DC	501(C)(3)	3	NA
111 MICHIGAN AVENUE NW WASHINGTON, DC20010 53-0196580					
CHILDREN'S RESEARCH INSTITUTE	RESEARCH	DC	501(C)(3)	9	NA
111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1654453					
CHILDREN'S HOSPITAL SELF-INSURANCE TRUST	INSURANCE	DC	501(C)(3)	11C	NA
111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1640399					
CHILDREN'S HOSPITAL FOUNDATION	FUNDRAISING	DC	501(C)(3)	7	NA
111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1640402					
BRAINY CAMPS ASSOCIATION	SUMMER CAMPS	DC	501(C)(3)	11A	NA
111 MICHIGAN AVENUE NW WASHINGTON, DC20010 27-1547370					
CHILDREN'S NATL ADVOCACY PUBLIC POLICY	ADVOCACY	DC	501(C)(3)	11A	NA
111 MICHIGAN AVENUE NW WASHINGTON, DC20010 27-1564354					