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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Safe Kids Worldwide		D Employer identification number 52-1627574	
	Doing Business As		E Telephone number (202) 662-0600	
	Number and street (or P O box if mail is not delivered to street address) 1301 Pennsylvania Avenue NW			
	Room/suite		G Gross receipts \$ 11,001,211	
	City or town, state or country, and ZIP + 4 Washington, DC 20004			
	F Name and address of principal officer KURT DOUGLAS NEWMAN MD 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527				
J 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	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	140	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,675,615	9,655,242
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,020,432	1,145,729
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-5,433
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,039,942	195,740
		12,735,989	10,991,278
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,725,340	1,896,025
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,247,148	3,469,003
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 336,895		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,701,400	6,876,632
	19 Revenue less expenses Subtract line 18 from line 12	9,673,888	12,241,660
		3,062,101	-1,250,382
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		
	21 Total liabilities (Part X, line 26)	6,634,934	8,216,063
	22 Net assets or fund balances Subtract line 21 from line 20	798,908	2,498,603
		5,836,026	5,717,460

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

Sign Here	Signature of officer		2012-05-11				
	Date						
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check if self-employed ☐	PTIN
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP						Firm's EIN ▶
	Firm's address ▶ 1301 K STREET NW SUITE 800W WASHINGTON, DC 200053333						Phone no ▶ (202) 414-1000

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

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 MORE THAN 600 COALITIONS IN 22 COUNTRIES BRING TOGETHER HEALTH AND SAFETY EXPERTS, EDUCATORS, CORPORATIONS, FOUNDATIONS, GOVERNMENTS AND VOLUNTEERS TO EDUCATE AND PROTECT FAMILIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,869,378 including grants of \$ 1,224,258) (Revenue \$ 0)

SAFE KIDS WALK THIS WAY PROGRAMS - SAFE KIDS WORLDWIDE AND PROGRAM SPONSOR FEDEX CREATED SAFE KIDS WALK THIS WAY TO BRING NATIONAL AND LOCAL ATTENTION TO PEDESTRIAN SAFETY ISSUES THE GOAL OF THE INITIATIVE IS TO PREVENT PEDESTRIAN-RELATED INJURY TO CHILDREN SINCE THE LAUNCH OF THE PROGRAM IN SPRING 2000, SAFE KIDS WALK THIS WAY HAS SPANNED THE GLOBE TO REACH FAMILIES IN 10 COUNTRIES INCLUDING THE UNITED STATES IN THE UNITED STATES, SAFE KIDS AND FEDEX HAVE REACHED OVER 2 2 MILLION PEOPLE THROUGH PROGRAM ACTIVITIES EACH YEAR, SAFE KIDS WALK THIS WAY HOSTS INTERNATIONAL WALK TO SCHOOL DAY EVENTS WHICH INCLUDE LARGE GROUP WALKS AND EDUCATIONAL ASSEMBLIES IN SCHOOLS TO CREATE AWARENESS OF LOCAL SAFETY ISSUES AMONG THE MANY COMPONENTS OF THE PROGRAM, SAFE KIDS LEADS YEAR-ROUND SCHOOL SAFETY COMMITTEES TO IMPROVE PEDESTRIAN ENVIRONMENTS FOR STUDENTS AND HOSTS HALLOWEEN EDUCATIONAL EVENTS TO TEACH FAMILIES AND DRIVERS ABOUT VISIBILITY ISSUES CHILDREN ENCOUNTER WHILE WALKING AFTER DARK SAFE KIDS AND FEDEX HAVE ALSO PROVIDED GRANTS TO MORE THAN 50 U S COMMUNITIES TO FORM TASK FORCES WITH CITY LEADERS, TRAFFIC ENGINEERS AND METROPOLITAN PLANNING ORGANIZATIONS TO MAKE INFRASTRUCTURE AND ENVIRONMENTAL MODIFICATIONS WHICH IMPROVE SAFETY FOR CHILD PEDESTRIANS AT HIGH-RISK LOCATIONS SAFE KIDS WALK THIS WAY IS A MULTIFACETED PROGRAM THAT INVOLVES HIGH-VISIBILITY SCHOOL-BASED EVENTS, RESEARCH ON RISKS TO PEDESTRIANS AROUND SCHOOLS, AND PARTNERSHIPS AND TASKFORCES THAT ENGAGE LOCAL PEDESTRIAN SAFETY STAKEHOLDERS TO MAKE IMPROVEMENTS TO WALKING ENVIRONMENTS

4b

(Code) (Expenses \$ 1,382,907 including grants of \$ 85,225) (Revenue \$ 0)

SAFE KIDS BUCKLE UP PROGRAM - SINCE 1997, SAFE KIDS WORLDWIDE AND PROGRAM SUPPORTER THE GENERAL MOTORS FOUNDATION HAS SERVED AS SAFE KIDS BUCKLE UP'S MAJOR FUNDING SOURCE AND HELPED BUILD SAFE KIDS BUCKLE UP INTO A MULTIFACETED NATIONAL INITIATIVE, BRINGING MOTOR VEHICLE SAFETY MESSAGES IN AND AROUND THE VEHICLE TO CHILDREN AND FAMILIES THROUGH COMMUNITY AND DEALER PARTNERSHIPS THE PROGRAM OFFERS PARENTS AND CAREGIVERS HANDS-ON INSTRUCTION ABOUT CAR SEATS, BOOSTER SEATS, AND SEAT BELTS BY PROVIDING CAR SEAT EDUCATION AND INSTALLATION TO FAMILIES AND CAREGIVERS THROUGH OUR NATIONAL COALITION NETWORK THE BUCKLE UP PROGRAM PROVIDES INTERACTIVE EDUCATIONAL PROGRAMS FOR CHILDREN THROUGH THE CUB SCOUT AUTOMOTIVE SAFETY PATCH PROGRAM, SAFEST GENERATION, AND OUR COUNTDOWN2DRIVE TEEN PRE-DRIVER PROGRAM SAFE KIDS BUCKLE UP PROVIDES GRANTS TO SAFE KIDS COALITIONS TO CONDUCT SAFETY PROGRAMS AT THE LOCAL LEVEL THESE NETWORKS OF GRASSROOTS VOLUNTEERS INCLUDE NATIONALLY CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS, TRANSPORTATION SAFETY EXPERTS, PUBLIC OFFICIALS, POLICE OFFICERS, NURSES, PUBLIC HEALTH EXPERTS AND GENERAL MOTORS DEALERSHIPS SINCE THE PROGRAM'S INCEPTION, MORE THAN 22 MILLION PEOPLE HAVE BEEN EXPOSED TO SAFE KIDS BUCKLE UP EVENTS AND COMMUNITY OUTREACH EFFORTS CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS WORKING THROUGH SAFE KIDS COALITIONS HAVE EXAMINED NEARLY 1 5 MILLION CHILD SAFETY SEATS AT 78,000 EVENTS AND THE PROGRAM HAS DONATED MORE THAN 520,000 SEATS TO FAMILIES IN NEED

4c

(Code) (Expenses \$ 1,025,454 including grants of \$ 67,800) (Revenue \$ 1,145,729)

CHILD PASSENGER SAFETY CERTIFICATION - THE NATIONAL CHILD PASSENGER SAFETY CERTIFICATION TRAINING PROGRAM CERTIFIES PEOPLE IN THE UNITED STATES AS CHILD PASSENGER SAFETY TECHNICIANS AND INSTRUCTORS OVER 100,000 HAVE COMPLETED TRAINING AND BEEN CERTIFIED AS CHILD PASSENGER SAFETY (CPS) TECHNICIANS SINCE THE PROGRAM BEGAN IN 1997 CPS TECHNICIANS AND INSTRUCTORS PUT THEIR KNOWLEDGE TO WORK BY CONDUCTING CHILD SAFETY SEAT CHECKS, WHERE PARENTS AND CAREGIVERS RECEIVE HANDS-ON ASSISTANCE WITH PROPER USE OF CHILD RESTRAINT SYSTEMS AND SAFETY BELTS

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 4,425,236 including grants of \$ 518,742) (Revenue \$ 11,529)

4e

Total program service expenses \$ 8,702,975

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part II 	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 	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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	0
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 (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country CH See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	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.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.		
a	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		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
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. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	CORPORATE OFFICERS 1301 PENNSYLVANIA AVE NW WASHINGTON, DC 20004 (202) 662-0610

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MERI-K APPY PRESIDENT/SAFE KIDS USA (1/11)	55 0	X						0	0	0
(2) JACQUELINE BOWENS BOARD MEMBER	1 0	X						0	773,636	36,834
(3) JOHN CLASTER BOARD CHAIRMAN	1 0	X		X				0	0	0
(4) SARAH COLAMARINO BOARD MEMBER	1 0	X						0	0	0
(5) CHIEF DENNIS COMPTON BOARD MEMBER (AS OF 1/11)	1 0	X						0	0	0
(6) KIMBERLY EGAN BOARD MEMBER	1 0	X						0	0	0
(7) JOHN FORMISANO BOARD VICE CHAIRMAN	1 0	X		X				0	0	0
(8) EDWIN FULLER BOARD MEMBER	1 0	X						0	0	0
(9) DIANA GOLDBERG BOARD MEMBER	1 0	X						0	0	0
(10) STEPHEN O'TOOLE BOARD SECRETARY/TREASURER	1 0	X		X				0	0	0
(11) DANA POINTS BOARD MEMBER	1 0	X						0	0	0
(12) CARMINE SCHIAVONE BOARD MEMBER (AS OF 1/11)	1 0	X						0	0	0
(13) RAYMOND SCZUDLO BOARD MEMBER	1 0	X						0	1,022,787	61,492
(14) ORLY SILBINGER BOARD MEMBER	1 0	X						0	0	0
(15) MITCHELL STOLLER CEO/BOARD MEMBER (THRU 12/10)	55 0	X		X				0	344,894	39,598
(16) EDWIN K ZECHMAN JR PRESIDENT/CEO	1 0	X		X				0	1,991,316	106,128

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) DOUGLAS MYERS EVP & CHIEF FINANCIAL OFFICER	10			X				0	644,458	102,120
(18) DAVID BENNETT FMR DIR OF DEVELOPMENT	550					X		0	193,706	9,009
(19) TORINE CREPPY CHIEF PROGRAM OFFICER	550					X		0	171,994	23,416
(20) CHRISTINA CIANFLONE DIRECTOR PROGRAM OPERATIONS	550					X		0	131,922	7,813
(21) MOIRA DONAHUE DIR OF INTERNATIONAL PROGRAMS	550					X		0	155,295	9,751
(22) KERRY CHAUSMER DIRECTOR OF CERTIFICATIONS	550					X		0	102,785	10,986
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	5,532,793	407,147

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization0

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

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) Name and business address	(B) Description of services	(C) Compensation
	1301 ASSOCIATES CO QDC PROPERTY MG 1001 G STREET NW 700W WASHINGTON, DC 20001	LEASING PROPERTY	621,266
	PROFESSIONAL EXAMINATION SERVICES 475 RIVERSIDE DRIVE NEW YORK, NY 10115	SAFETY TRAININGS	369,757
	CONVIO INC 11501 DOMAIN DRIVE SUITE 2000 AUSTIN, TX 78758	INTERNET DEVELOPMENT	177,995
	SALTER MITCHEL ADVERTISING PR 117 S GADSDEN STREET TALLAHASSEE, FL 32301	ADVERTISING	133,945
	IBS ENTERPRISES INC 1730 S FEDERAL HIGHWAY 278 DELRAY BEACH, FL 33483	IT SUPPORT SERVICES	112,145
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 5		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	2,282			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,152,712			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,500,248			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			9,655,242		
	Program Service Revenue	2a	Business Code				
		INCOME FROM CERTIFICATIONS		900099	1,145,729	1,145,729	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			1,145,729		
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			0	
	4	Income from investment of tax-exempt bond proceeds . . .			0		
	5	Royalties			0		
	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses	184,211				
	c	Rental income or (loss)	184,211				
	d	Net rental income or (loss)			184,211		184,211
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses		4,500			
	c	Gain or (loss)		9,933			
	d	Net gain or (loss)			-5,433		-5,433
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . . .			0		
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . .			0		
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE		900099	11,529	11,529		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			11,529			
12	Total revenue. See Instructions			10,991,278	1,157,258	0	178,778

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,069,444	1,069,444		
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	826,581	826,581		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	483,236	343,547	126,390	13,299
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	2,635,380	2,183,402	384,096	67,882
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,806	66,129	11,856	6,821
9	Other employee benefits	75,364	56,406	15,691	3,267
10	Payroll taxes	190,217	152,821	24,961	12,435
a	Fees for services (non-employees) Management	0			
b	Legal	113,013	52,885	39,778	20,350
c	Accounting	0			
d	Lobbying	33,527	33,527		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,879,440	1,569,105	227,993	82,342
12	Advertising and promotion	23,139	23,139		
13	Office expenses	335,244	265,402	59,552	10,290
14	Information technology	292,068	234,438	55,291	2,339
15	Royalties	0			
16	Occupancy	840,036	422,162	356,811	61,063
17	Travel	295,882	250,230	25,807	19,845
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	83,047	82,036	694	317
20	Interest	342		342	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	310,726	268,712	34,069	7,945
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDIA SERVICES/PRINTING	472,240	443,461	25,086	3,693
b	OTHER MISCELLANEOUS	455,038	359,548	70,483	25,007
c	OVERHEAD	1,742,890		1,742,890	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,241,660	8,702,975	3,201,790	336,895
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,518,107	1	691,000
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			693,407	3	674,266
	4	Accounts receivable, net			19,210	4	31,571
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			111,955	9	148,689
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,222,417	669,998	10c	645,833
	b	Less: accumulated depreciation	10b	576,584			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,622,257	15	6,024,704
16	Total assets. Add lines 1 through 15 (must equal line 34)			6,634,934	16	8,216,063	
Liabilities	17	Accounts payable and accrued expenses			642,289	17	637,668
	18	Grants payable				18	
	19	Deferred revenue			0	19	354,548
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			156,619	25	1,506,387
	26	Total liabilities. Add lines 17 through 25			798,908	26	2,498,603
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,704,243	27	-344,744
	28	Temporarily restricted net assets			4,131,783	28	6,062,204
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			5,836,026	33	5,717,460
34	Total liabilities and net assets/fund balances			6,634,934	34	8,216,063	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,991,278
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,241,660
3	Revenue less expenses Subtract line 2 from line 1	3	-1,250,382
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,836,026
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,131,816
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,717,460

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separated 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?	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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization Safe Kids Worldwide	Employer identification number 52-1627574
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Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other
- e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) CHILDREN'S HOSPITAL	530196580	03	Yes		Yes		Yes		38,031
Total									38,031

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 			
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization Safe Kids Worldwide	Employer identification number 52-1627574
---	--

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

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

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			250
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			33,527
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?		No	

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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	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 ELIGIBLE AND QUALIFIED U.S. 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, POOL SAFETY, INFANT SLEEP SAFETY, CONCUSSION, FIRE AND HOME SAFETY, AND SUDDEN INFANT DEATH.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Safe Kids Worldwide

Employer identification number
52-1627574

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		229,555	41,552	188,003
d Equipment		864,548	433,552	430,996
e Other		128,314	101,480	26,834
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				645,833

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	110,991,278
2	Total expenses (Form 990, Part IX, column (A), line 25)	212,241,660
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-1,250,382
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	81,131,816
9	Total adjustments (net) Add lines 4 - 8	91,131,816
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-118,566

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	110,991,278
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	310,991,278
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	510,991,278

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	112,241,660
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	312,241,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	512,241,660

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SCHEDULE D, PART X, LINE 2		INCOME TAXES SAFE KIDS HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDICATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) AS OF JUNE 30, 2011, SAFE KIDS DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS
SCHEDULE D, PART XI, LINE 8		EQUITY TRANSFER UPON ACQUISITION OF HOME SAFETY COUNCIL \$1,131,816

Part II

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

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia/Pacific	CHILD SAFETY	360,213	WIRE	0	N/A	N/A
			South Asia	CHILD SAFETY	106,870	WIRE	0	N/A	N/A
			East Asia/Pacific	CHILD SAFETY	83,420	WIRE	0	N/A	N/A
			East Asia/Pacific	CHILD SAFETY	81,952	WIRE	0	N/A	N/A
			East Asia/Pacific	CHILD SAFETY	68,780	WIRE	0	N/A	N/A
			East Asia/Pacific	CHILD SAFETY	50,000	WIRE	0	N/A	N/A
			South America	CHILD SAFETY	35,000	WIRE	0	N/A	N/A
			Middle East/North Africa	CHILD SAFETY	28,651	WIRE	0	N/A	N/A
			North America	CHILD SAFETY	6,200	CHECK	0	N/A	N/A

2

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

9

3

Enter total number of other organizations or entities

0

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Part V

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 2		WHEN GRANT FUNDS ARE AVAILABLE FOR MEMBER COUNTRY ORGANIZATIONS, SAFE KIDS WORLDWIDE AND THE MEMBER COUNTRY ORGANIZATION BOTH SIGN AN AGREEMENT THAT STIPULATES THE DELIVERABLES OF THE GRANT AND THE AGREED UPON BUDGET. SAFE KIDS WORLDWIDE THEN DISTRIBUTES THE GRANT CHECK, DEPENDING ON THE SIZE OF THE GRANT, IT MAY BE A ONE-TIME PAYMENT OR CONSIST OF MULTIPLE PAYMENTS. THE MEMBER COUNTRY PROVIDES REGULAR UPDATES VIA EMAIL TO SAFE KIDS WORLDWIDE TO DETAIL THEIR PROGRESS TOWARDS THE COMPLETION OF THE DELIVERABLES AND THE BUDGET. THE MEMBER COUNTRY WILL ALSO PROVIDE A FINAL FINANCIAL REPORT DETAILING HOW THEY SPENT THEIR GRANT FUNDS ONCE THE GRANT PERIOD HAS ENDED. SAFE KIDS EVALUATES THE INFORMATION FOR FUTURE GRANT ISSUANCES, OR IF ITS A MULTIPLE PAYMENT GRANT, TO DETERMINE WHETHER OR NOT TO ISSUE THE NEXT PAYMENT. MOST GRANTS ARE MONITORED VIA MONTHLY CONFERENCE CALLS WITH SAFE KIDS WORLDWIDE STAFF AS WELL.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
Safe Kids Worldwide

Employer identification number
52-1627574

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

▶ 30

3

Enter total number of other organizations

▶ 16

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" 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)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Safe Kids Worldwide

Employer identification number

52-1627574

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ 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 organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ 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, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JACQUELINE BOWENS	(i)	0	0	0	0	0	0	0
	(ii)	356,077	400,880	16,679	12,250	24,584	810,470	0
(2) RAYMOND SCZUDLO	(i)	0	0	0	0	0	0	0
	(ii)	433,311	580,332	9,144	12,250	49,242	1,084,279	0
(3) MITCHELL STOLLER	(i)	0	0	0	0	0	0	0
	(ii)	288,672	53,384	2,838	26,250	13,348	384,492	0
(4) EDWIN K ZECHMAN JR	(i)	0	0	0	0	0	0	0
	(ii)	932,163	1,009,404	49,749	12,250	93,878	2,097,444	0
(5) DOUGLAS MYERS	(i)	0	0	0	0	0	0	0
	(ii)	408,778	229,054	6,626	66,330	35,790	746,578	0
(6) DAVID BENNETT	(i)	0	0	0	0	0	0	0
	(ii)	193,376	0	330	5,178	3,831	202,715	0
(7) TORINE CREPPY	(i)	0	0	0	0	0	0	0
	(ii)	146,263	25,222	509	7,821	15,595	195,410	0
(8) MOIRA DONAHUE	(i)	0	0	0	0	0	0	0
	(ii)	113,292	41,723	280	5,072	4,679	165,046	0
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, 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 CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SCHEDULE J, PART I, LINE 4A		DURING THE YEAR, DAVID BENNETT RECEIVED A SEVERANCE PAYMENT FROM CHILDREN'S NATIONAL MEDICAL CENTER IN THE AMOUNT OF \$55,765.
SCHEDULE J, PART I, LINE 4B		THE FOLLOWING INDIVIDUALS PARTICIPATED 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 - \$60,840; MITCHELL STOLLER - \$14,000.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Safe Kids Worldwide	Employer identification number 52-1627574
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Identifier	Return Reference	Explanation
PART VI, LINE 6, 7A, AND 7B		CHILDREN'S NATIONAL MEDICAL CENTER IS THE SOLE MEMBER OF SAFE KIDS WORLDWIDE AND HAS 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

Identifier	Return Reference	Explanation
PART VI, LINE 11B		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.

Identifier	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, WHICH WERE FORMALLY ADOPTED ON MAY 26, 2011, INCLUDE A WRITTEN WHISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

Identifier	Return Reference	Explanation
PART VI, LINES 15A AND 15B		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 CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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

Identifier	Return Reference	Explanation
PART IX, LINE 24C		IN THE STATEMENT OF FUNCTIONAL EXPENSES, OVERHEAD EXPENSE OF \$1,742,890 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, 2011. AT THE END OF FY 11, THE HOSPITAL FORGAVE THIS INTERCOMPANY PAYABLE AND THERE IS NO FUTURE OBLIGATION FOR SAFE KIDS TO REPAY THIS MONEY.

Identifier	Return Reference	Explanation
PART XI, LINE 5		EQUITY TRANSFER UPON ACQUISITION OF HOME SAFETY COUNCIL \$1,131,816

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JACQUELINE BOWENS TITLE BOARD MEMBER HOURS 54

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DIANA GOLDBERG TITLE BOARD MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RAYMOND SCZUDLO TITLE BOARD MEMBER HOURS 54

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWIN K ZECHMAN, JR TITLE PRESIDENT/CEO HOURS 54

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOUGLAS MYERS TITLE EVP & CHIEF FINANCIAL OFFICER HOURS 54

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

2010

Open to Public Inspection

Name of the organization
Safe Kids Worldwide

Employer identification number
52-1627574

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640403	HEALTH CARE	DC	501(C)(3)	11B, II	NA		
(2) CHILDREN'S HOSPITAL 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 53-0196580	HEALTH CARE	DC	501(C)(3)	3	CNMC		
(3) CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1654453	RESEARCH	DC	501(C)(3)	9	CNMC		
(4) CHILDREN'S HOSPITAL SELF-INSURANCE TRUST 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640399	INSURANCE	DC	501(C)(3)	11C, III-FI	CH		
(5) CHILDREN'S HOSPITAL FOUNDATION 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640402	FUNDRAISING	DC	501(C)(3)	7	CNMC		
(6) BRAINY CAMPS ASSOCIATION 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 27-1547370	SUMMER CAMPS	DC	501(C)(3)	11A, I	CH		
(7) CHILDREN'S NATL ADVOCACY PUBLIC POLICY 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 27-1564354	ADVOCACY	DC	501(C)(3)	11B, II	CNMC		

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHILDREN'S PEDIATRICIANS ASSOCIATES 111 MICHIGAN AVENUE NW WASHINGTON, DC20010	HEALTH CARE	DC	NA									

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

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 thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 52-1627574
Name: Safe Kids Worldwide

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

4d. Other program services					
(Code)	(Expenses \$	116,199	including grants of \$	0)	(Revenue \$ 0)
NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN					
(Code)	(Expenses \$	350,848	including grants of \$	94,500)	(Revenue \$ 0)
NATIONAL SAFE KIDS WEEK					
(Code)	(Expenses \$	385,165	including grants of \$	240,168)	(Revenue \$ 0)
INTERNATIONAL OPERATIONS					
(Code)	(Expenses \$	1,038,569	including grants of \$	166,004)	(Revenue \$ 0)
SAFE KIDS COALITION MEMBER SUPPORT					
(Code)	(Expenses \$	251,480	including grants of \$	0)	(Revenue \$ 0)
HSC PROGRAMS					
(Code)	(Expenses \$	2,282,975	including grants of \$	18,070)	(Revenue \$ 11,529)
OTHER PROGRAM SERVICE ACTIVITIES					

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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL111 MICHIGAN AVE NW WASHINGTON,DC 20010	53-0196580	501(C)(3)	38,031	0	N/A	N/A	GENERAL SUPPORT
SAFE KIDS ALAMEDA COUNTY1000 SAN LEANDRO BLVD SUITE 200 SAN LEADRO,CA 94577	94-6000501	HEALTH DEPT	10,200	0	N/A	N/A	PEDESTRIAN INITIATIVES

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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 ALLENTOWN-BETHLEHEM245 NORTH 6TH STREET ALLENTOWN,PA 18102	13-4210518	HEALTH DEPT	5,500	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS BROWARD COUNTY1000 JOE DIMAGGIO DRIVE HOLLYWOOD,FL 33021	65-0492343	501(C)(3)	6,300	0	N/A	N/A	PEDESTRIAN INITIATIVES

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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 CAPE FEAR 2029 SOUTH 17TH STREET 2029 SOUTH 17TH STREET WILMINGTON,NC 28401	56-6000324	HEALTH DEPT	26,650	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS CHARLOTTE MECKLENBURG441 BEAUMONT AVENUE 441 BEAUMONT AVENUE CHARLOTTE,NC 28204	20-8141442	FIRE DEPT	7,800	0	N/A	N/A	PEDESTRIAN INITIATIVES

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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 CHATTANOOGA 910 BLACKFORD STREET CHATTANOOGA,TN 37403	58-1664027	501(C)(3)	28,300	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS CHICAGO2300 CHILDRENS PLAZA CHICAGO,IL 60614	36-2170833	501(c)(3)	31,500	0	N/A	N/A	PEDESTRIAN INITIATIVES

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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 COBB COUNTY 1650 CTY SVCS PKWY BOX 62 MARIETTA,GA 30008	58-1517015	HEALTH DEPT	9,800	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS CUMBERLAND VALLEY 3401 WEST END AVE NASHVILLE,TN 37203	62-0476822	501(C)(3)	33,500	0	N/A	N/A	PEDESTRIAN INITIATIVES

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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 DEKALB COUNTY455 WINN WAY SUITE 470W DECATUR,GA 30030	58-1417092	HEALTH DEPT	26,000	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS DENVER METRO13123 E 16TH AVE AURORA,CO 80045	84-0166760	501(C)(3)	16,850	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS FLORIDA SUNCOAST501 6TH AVE SOUTH B911 ST PETERSBURG,FL 33701	59-0683252	501(C)(3)	6,900	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS GEORGIA STATE1655 TULLIE CIRCLE NE ATLANTA,GA 30329	58-1936575	501(C)(3)	8,500	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS GRAND FORKS 860 S COLUMBIA RD GRAND FORKS,ND 58201	45-0310462	501(C)(3)	16,009	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS GREATER CLEVELAND 10524 EUCLID AVE CLEVELAND,OH 44106	34-1567805	501(C)(3)	34,800	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS GREATER DAYTON1 CHILDRENS PLAZA WLK 3024 DAYTON,OH 45404	31-0672132	501(C)(3)	8,650	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS GREATER GREEN BAY1870 COFRIN DR GREEN BAY,WI 54302	39-1775125	501(C)(3)	30,000	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS GREATER HOUSTON2450 HOLCOMBE ST HOUSTON,TX 77021	74-1100555	501(C)(3)	7,000	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS GREATER SACRAMENTO6501 COYLE AVE 34L NB 8365 CARMICHAEL,CA 95608	94-1196203	501(C)(3)	7,100	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS GREATER TOLEDO2142 N COVE BLVD TOLEDO,OH 43606	34-4428256	501(C)(3)	28,150	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS KENTUCKY STATE333 WALLER AVE HMT 940 LEXINGTON,KY 40504	61-6033693	HEALTH DEPT	6,650	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS LINCOLN-LANCASTER3140 N STREET STE 202 LINCOLN,NE 68510	47-6006256	HEALTH DEPT	9,500	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS LOS ANGELES 1200 N STATE ST LOS ANGELES,CA 90033	95-6000927	STATE HOSPITAL	5,400	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS LOUISIANA STATE1010 COMMON ST RM 10-321 NEW ORLEANS,LA 70112	72-6000821	HEALTH DEPT	54,000	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS MACON COUNTY1221 E CONDIT STE 2710 DECATUR,IL 62521	37-6001309	HEALTH DEPT	5,850	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS MARICOPA COUNTY4041 N CENTRAL AVE PHOENIX,AZ 85012	86-0761964	HEALTH DEPT	9,500	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS MARION CO 230 E MAIN STE 1500 MARION,KS 66861	48-6036498	HEALTH DEPT	6,500	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS MID SOUTH 850 POPLAR AVE STE 216 MEMPHIS,TN 38105	62-1872938	501(C)(3)	5,650	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS MID-TEXAS 2401 SOUTH 31ST ST BLDG ONE TEMPLE,TX 76508	27-3513154	501(C)(3)	11,800	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS MINNESOTA STATE474 CONCORDIA AVE ST PAUL,MN 55103	41-0418405	501(C)(3)	5,500	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS NEW JERSEY STATE6 COMMERCE DR CRANFORD,NJ 07016	22-1500567	501(C)(3)	5,361	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS NEW YORK STATE175 COMMUNITY DR GREAT NECK,NY 11021	11-3418133	501(C)(3)	8,200	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS NORTH CAROLINA STATEOSFM 1202 MAIL SERVICE CTR RALEIGH,NC 27699	56-1401519	FIRE DEPT	11,500	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS NORTHEAST FLORIDAP O BOX 10806 PENSACOLA,FL 32524	59-0747311	501(C)(3)	6,800	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS PALM BEACH CO2001 WEST BLUE HERON RIVER BEACH,FL 33404	59-2704597	501(C)(3)	35,300	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS PITT COUNTY 2100 STANTONSBURG RD GREENVILLE,NC 27835	56-0585243	501(C)(3)	26,300	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS SALT LAKE COUNTY 788 EAST WOODLAKE LN MURRAY,UT 84107	87-6000316	HEALTH DEPT	8,000	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS SEATTLEHMC BOX 359960 P160 SEATTLE,WA 98104	91-1631806	STATE HOSPITAL	29,000	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS SOUTHEASTERN PA1121 E CHSTNT AVE JEFFERSONVILLE,PA 19403	23-1352166	501(C)(3)	36,000	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS SPRINGFIELD 1570 W BATTLEFIELD SPRINGFIELD,MO 65807	44-0552485	501(C)(3)	5,835	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS TAMPA1401-A E FOWLER AVE SUITE 110 TAMPA,FL 33612	59-0774199	501(C)(3)	10,000	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS TOOMBS CO1 MEADOWS PARKWAY VIDALIA,GA 30475	58-2044503	501(C)(3)	5,150	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS TUCSON5301 EAST GRANT ROAD TUCSON,AZ 85712	86-0137567	501(C)(3)	8,300	0	N/A	N/A	PEDESTRIAN INITIATIVES

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SAFE KIDS WEST LOS ANGELES4650 SUNSET BLVD LOS ANGELES,CA 90027	95-1690977	501(C)(3)	5,700	0	N/A	N/A	PEDESTRIAN INITIATIVES
SAFE KIDS WEST MICHIGAN1500 E SHERMAN BLVD MAIL STOP 100 MUSKEGON,MI 49444	38-2589966	501(C)(3)	7,500	0	N/A	N/A	PEDESTRIAN INITIATIVES

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640403	HEALTH CARE	DC	501(C)(3)	11B, II	NA		
CHILDREN'S HOSPITAL 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 53-0196580	HEALTH CARE	DC	501(C)(3)	3	CNMC		
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1654453	RESEARCH	DC	501(C)(3)	9	CNMC		
CHILDREN'S HOSPITAL SELF-INSURANCE TRUST 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640399	INSURANCE	DC	501(C)(3)	11C, III-FI	CH		
CHILDREN'S HOSPITAL FOUNDATION 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640402	FUNDRAISING	DC	501(C)(3)	7	CNMC		
BRAINY CAMPS ASSOCIATION 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 27-1547370	SUMMER CAMPS	DC	501(C)(3)	11A, I	CH		
CHILDREN'S NATL ADVOCACY PUBLIC POLICY 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 27-1564354	ADVOCACY	DC	501(C)(3)	11B, II	CNMC		