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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <div>2012</div> <div>Open to Public Inspection</div> </div> |
|                                                                                                                                                              | The organization may have to use a copy of this return to satisfy state reporting requirements                                                                                                   |                                                                                       |

|                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                                 |                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013</b>                                                                                                                                                                                          |                                                                                                                                 |                                 |                                                                                                                                                                                                                                                                                                                          |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Safe Kids Worldwide                                                                            |                                 | <b>D</b> Employer identification number<br><br>52-1627574                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                              | Doing Business As                                                                                                               |                                 |                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                              | Number and street (or P O box if mail is not delivered to street address)<br>1301 Pennsylvania Avenue NW<br>Suite               | Room/suite                      | <b>E</b> Telephone number<br><br>(202) 662-0600                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                              | City or town, state or country, and ZIP + 4<br>Washington, DC 20004                                                             |                                 | <b>G</b> Gross receipts \$ 10,208,150                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                              | <b>F</b> Name and address of principal officer<br>KURT DOUGLAS NEWMAN MD<br>1301 Pennsylvania Avenue NW<br>Washington, DC 20004 |                                 | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |                                                                                                                                 |                                 |                                                                                                                                                                                                                                                                                                                          |
| <b>J Website:</b> ▶ WWW.SAFEKIDS.ORG                                                                                                                                                                                                                                                         |                                                                                                                                 |                                 |                                                                                                                                                                                                                                                                                                                          |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                                                                                 | <b>L</b> Year of formation 1990 | <b>M</b> State of legal domicile DC                                                                                                                                                                                                                                                                                      |

|               |                |
|---------------|----------------|
| <b>Part I</b> | <b>Summary</b> |
|---------------|----------------|

|                                                                                              |                                                                                                                                                                                                                                             |                                                                     |                           |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|
| Activities & Governance                                                                      | 1 Briefly describe the organization's mission or most significant activities<br>SAFE KIDS WORLDWIDE IS A GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF CHILDREN 19 AND UNDER |                                                                     |                           |
|                                                                                              | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                    |                                                                     |                           |
|                                                                                              | 3 Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                         | 3                                                                   | 16                        |
|                                                                                              | 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                             | 4                                                                   | 12                        |
|                                                                                              | 5 Total number of individuals employed in calendar year 2012 (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                         |
| 7b Net unrelated business taxable income from Form 990-T, line 34                            | 7b                                                                                                                                                                                                                                          |                                                                     |                           |
| Revenue                                                                                      | 8 Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                             | Prior Year<br>8,283,064                                             | Current Year<br>8,573,610 |
|                                                                                              | 9 Program service revenue (Part VIII, line 2g)                                                                                                                                                                                              | 1,193,207                                                           | 1,180,851                 |
|                                                                                              | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                            | 0                                                                   | 13,130                    |
|                                                                                              | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                 | 458,612                                                             | 428,689                   |
|                                                                                              | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                         | 9,934,883                                                           | 10,196,280                |
|                                                                                              | Expenses                                                                                                                                                                                                                                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,919,294                 |
| 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)         |                                                                                                                                                                                                                                             | 3,512,055                                                           | 3,660,418                 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                            |                                                                                                                                                                                                                                             | 0                                                                   | 0                         |
| b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 729,668 |                                                                                                                                                                                                                                             |                                                                     |                           |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                              |                                                                                                                                                                                                                                             | 7,482,029                                                           | 5,706,307                 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                  |                                                                                                                                                                                                                                             | 12,913,378                                                          | 11,319,849                |
| 19 Revenue less expenses Subtract line 18 from line 12                                       |                                                                                                                                                                                                                                             | -2,978,495                                                          | -1,123,569                |
| Net Assets or Fund Balances                                                                  |                                                                                                                                                                                                                                             | Beginning of Current Year                                           | End of Year               |
|                                                                                              | 20 Total assets (Part X, line 16)                                                                                                                                                                                                           | 6,413,128                                                           | 4,808,475                 |
|                                                                                              | 21 Total liabilities (Part X, line 26)                                                                                                                                                                                                      | 3,674,163                                                           | 3,193,079                 |
|                                                                                              | 22 Net assets or fund balances Subtract line 21 from line 20                                                                                                                                                                                | 2,738,965                                                           | 1,615,396                 |

|                |                        |
|----------------|------------------------|
| <b>Part II</b> | <b>Signature Block</b> |
|----------------|------------------------|

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

|                               |                                                                       |  |                      |  |                    |                                                 |      |
|-------------------------------|-----------------------------------------------------------------------|--|----------------------|--|--------------------|-------------------------------------------------|------|
| <b>Sign Here</b>              | *****<br>Signature of officer                                         |  |                      |  | 2014-05-14<br>Date |                                                 |      |
|                               | DOUGLAS MYERS CFO<br>Type or print name and title                     |  |                      |  |                    |                                                 |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Mary Torretta                           |  | Preparer's signature |  | Date               | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name   ▶ Grant Thornton LLP                                    |  |                      |  |                    | Firm's EIN   ▶                                  |      |
|                               | Firm's address   ▶ 2010 CORPORATE RIDGE SUITE 400<br>MCLEAN, VA 22102 |  |                      |  |                    | Phone no (703) 847-7500                         |      |

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

The mission of Safe Kids Worldwide is to prevent childhood injuries, the number one killer of kids in the United States and a serious epidemic around the world. Safe Kids works with an extensive network of 600 coalitions in the U.S. and with partners in 27 countries.

2

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

☒ Yes ☐ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 2,542,538 including grants of \$ 1,429,454 ) (Revenue \$ )

Safe Kids Day was created to raise awareness and funds to prevent childhood injuries. Safe Kids Worldwide hosts national fundraising events for families, celebrities and donors designed to celebrate kids and educate parents. In addition, there are hundreds of local events in communities across the country. Proceeds from Safe Kids Day support local, state and national injury prevention efforts of Safe Kids Worldwide. See Schedule O.

4b

(Code ) (Expenses \$ 1,528,211 including grants of \$ 143,481 ) (Revenue \$ )

Safe Kids partnered with FedEx in 2000 to create the Walk This Way program to bring global, national and local attention to pedestrian safety issues. What started as a pilot project in three U.S. cities has now grown to more than 225 cities in the United States and in nine additional countries around the world. Since the Walk This Way program launched, the number of child pedestrian fatalities has decreased by 32 percent in the United States. In 2013, Walk This Way reached more than two million children in nearly 4,000 schools around the world. See Schedule O.

4c

(Code ) (Expenses \$ 768,884 including grants of \$ ) (Revenue \$ 1,180,851 )

Seventeen years ago, Safe Kids partnered with General Motors and the General Motors Foundation to create the Buckle Up program, a multifaceted national initiative to keep children and families safe in and around cars. The Buckle Up program has grown into the most comprehensive child passenger safety program in the nation. In 1997, when the program started, almost 1,000 children under the age of eight died in car crashes. By 2012, that number was cut in half. To date, more than 22.5 million people have been exposed to Buckle Up events and community outreach efforts. See Schedule O.

4d

Other program services (Describe in Schedule O )

(Expenses \$ 4,762,500 including grants of \$ 380,189 ) (Revenue \$ )

4e

Total program service expenses

9,602,133

Form 990 (2012)

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 instructions)?                                                                                                                                                                                                            | 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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                            | 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       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                         | 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                  | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                        | 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 and XII                                                                                                                                                           | 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 and XII 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     | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                    | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 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 through 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                      | 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 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, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 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 11b and 19? <b>Note.</b> 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, Transmittal of Wage and Tax Statements, 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?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                   |    |     |     |    |
| 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<br>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 as charitable contributions?                                                               |    | 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?<br><b>Note.</b> 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 . . . . .                                                                                                                                 | 16  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                                                                                                                                                                                                                               |     |     |
| 1b                                                                                                                                                                                                               | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 12  |     |
| 2                                                                                                                                                                                                                | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | No  |
| 3                                                                                                                                                                                                                | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4                                                                                                                                                                                                                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5                                                                                                                                                                                                                | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6                                                                                                                                                                                                                | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | Yes |
| 7a                                                                                                                                                                                                               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | Yes |
| 7b                                                                                                                                                                                                               | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | 7b  | Yes |
| 8                                                                                                                                                                                                                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |     |     |
| 8a                                                                                                                                                                                                               | a The governing body? . . . . .                                                                                                                                                                                               | 8a  | Yes |
| 8b                                                                                                                                                                                                               | b Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                             | 8b  | Yes |
| 9                                                                                                                                                                                                                | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9   | No  |

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                                | 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 made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |                                                                                                                                                    |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                                         |                                                                                                                                                    |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization                                                                                                                                                                                                                                                                                              | CORPORATE OFFICERS 111 MICHIGAN AVENUE NW WASHINGTON, DC (301) 565-8484                                                                            |

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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) JOHN CLASTER<br>BOARD CHAIRMAN                    | 2 0                                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) JOHN FORMISANO thru 123112<br>BOARD VICE CHAIRMAN | 2 0                                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) SARAH COLAMARINObeg 010113<br>BOARD VICE CHAIRMAN | 2 0                                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) STEPHEN O'TOOLE<br>BOARD SECRETARY-TREASURER      | 2 0                                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) KURT D NEWMAN MD<br>PRESIDENT/CEO (CNMC)          | 2 0<br>53 0                                                                                | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 1,387,812                                                                  | 323,094                                                                                       |
| (6) KATE S CARR<br>PRESIDENT/CEO SAFE KIDS WW         | 54 0<br>1 0                                                                                | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 330,100                                                                    | 20,204                                                                                        |
| (7) JACQUELINE BOWENS<br>BOARD MEMBER (thru 9/31/12)  | 1 0<br>54 0                                                                                | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 1,372,201                                                                  | 50,996                                                                                        |
| (8) KIMBERLY EGAN<br>BOARD MEMBER (THRU 12/31/12)     | 1 0                                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) EDWIN FULLER<br>BOARD MEMBER                      | 1 0                                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) DIANA GOLDBERG<br>BOARD MEMBER (thru 12/31/12)   | 1 0<br>1 0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) ERIC MARKGRAF<br>BOARD MEMBER                    | 1 0                                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (12) DANA POINTS<br>BOARD MEMBER                      | 1 0                                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (13) MICHAEL J ROBINSON<br>BOARD MEMBER               | 1 0                                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) CARMINE SCHIAVONE<br>BOARD MEMBER                | 1 0                                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (15) RAYMOND S SCZUDLO<br>BOARD MEMBER (CNMC)         | 1 0<br>54 0                                                                                | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 962,200                                                                    | 57,389                                                                                        |
| (16) ORLY SILBINGER<br>BOARD MEMBER                   | 1 0                                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (17) MATTHEW THORNTON III<br>BOARD MEMBER             | 1 0                                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

Part VII

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

| (A)<br>Name and Title                                             | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization<br>(W- 2/1099-<br>MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                                   |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                       |                                                                                            |                                                                                                                 |
| (18) JAMES WARD<br>BOARD MEMBER                                   | 1 0                                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| (19) ELIZABETH FLURY beg 010113<br>BOARD MEMBER (CNMC)            | 1 0<br>54 0                                                                                                     | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                     | 252,045                                                                                    | 57,301                                                                                                          |
| (20) NICOLE A SMITH beg 010113<br>BOARD MEMBER                    | 1 0                                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| (21) DONNA WEITZMAN beg 010113<br>BOARD MEMBER                    | 1 0                                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| (22) DOUGLAS MYERS<br>CHIEF FINANCIAL OFFICER                     | 1 0<br>54 0                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 0                                                                                     | 844,585                                                                                    | 107,447                                                                                                         |
| (23) TORINE CREPPY<br>CHIEF PROGRAM OFFICER                       | 55 0                                                                                                            |                                                                                                                    |                       |         |              | X                               |        | 0                                                                                     | 187,267                                                                                    | 30,371                                                                                                          |
| (24) SHANNON SULLIVAN<br>CHIEF DEVELOPMENT OFFICER                | 55 0                                                                                                            |                                                                                                                    |                       |         |              | X                               |        | 0                                                                                     | 169,184                                                                                    | 24,391                                                                                                          |
| (25) MOIRA LAIL DONAHUE<br>CHIEF INTNL PROGRAM OFFICER            | 55 0                                                                                                            |                                                                                                                    |                       |         |              | X                               |        | 0                                                                                     | 165,840                                                                                    | 12,951                                                                                                          |
| (26) MARTHA WILCOX<br>CHIEF MARKETING OFFICER                     | 55 0                                                                                                            |                                                                                                                    |                       |         |              | X                               |        | 0                                                                                     | 151,470                                                                                    | 5,570                                                                                                           |
| (27) LINE STORGAARD CONLEY<br>DIR DIGITAL/SOC MED STRAT           | 55 0                                                                                                            |                                                                                                                    |                       |         |              | X                               |        | 0                                                                                     | 127,013                                                                                    | 1,783                                                                                                           |
|                                                                   |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                       |                                                                                            |                                                                                                                 |
|                                                                   |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                       |                                                                                            |                                                                                                                 |
|                                                                   |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                       |                                                                                            |                                                                                                                 |
| 1b Sub-Total . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 | ▼      |                                                                                       |                                                                                            |                                                                                                                 |
| c Total from continuation sheets to Part VII, Section A . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 | ▼      |                                                                                       |                                                                                            |                                                                                                                 |
| d Total (add lines 1b and 1c) . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 | ▼      | 0                                                                                     |                                                                                            | 5,949,717                                                                                                       |
|                                                                   |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                       |                                                                                            | 691,497                                                                                                         |

2

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

|                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        |     | 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

| <b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year |                                |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| (A)<br>Name and business address                                                                                                                                                                                                                           | (B)<br>Description of services | (C)<br>Compensation |
| 1301 ASSOCIATES COQDC PROPERTY MGM , 1001 G STREET NW 700W WASHINGTON DC 20001                                                                                                                                                                             | LEASING PROPERTY               | 645,548             |
| PROFESSIONAL EXAMINATION SERVICES , 475 RIVERSIDE DRIVE NEW YORK NY 10115                                                                                                                                                                                  | SAFETY TRAINING                | 382,306             |
| IPERS EYE STREET NW - DC INC , 1250 EYE STREET STE 801 WASHINGTON DC 20005                                                                                                                                                                                 | LEASING PROPERTY               | 292,146             |
| SALTER MITCHELL ADVERTISING , 117 S GADSEN STREET TALLAHASSEE FL 32301                                                                                                                                                                                     | ADVERTISING SERVICES           | 137,967             |
| YOUNG MINDS INSPIRED , 20 STONEY RIDGE LANE RIVERSIDE CT 06878                                                                                                                                                                                             | MEDIA PRODUCTION               | 123,222             |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8                                                                                |                                |                     |

Part VIII

Statement of Revenue

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

|                                                           |                                                  |                                                                                                                                        |                                                                                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
|-----------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                               | Federated campaigns . . .                                                                                                              | 1a                                                                                        | 4,539                | 8,573,610                                          |                                         |                                                                                 |
|                                                           | b                                                | Membership dues . . . . .                                                                                                              | 1b                                                                                        |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                | Fundraising events . . . . .                                                                                                           | 1c                                                                                        |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                | Related organizations . . . .                                                                                                          | 1d                                                                                        |                      |                                                    |                                         |                                                                                 |
|                                                           | e                                                | Government grants (contributions)                                                                                                      | 1e                                                                                        | 685,230              |                                                    |                                         |                                                                                 |
|                                                           | f                                                | All other contributions, gifts, grants, and<br>similar amounts not included above                                                      | 1f                                                                                        | 7,883,841            |                                                    |                                         |                                                                                 |
|                                                           | g                                                | Noncash contributions included in lines<br>1a-1f \$                                                                                    |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           | h                                                | Total. Add lines 1a-1f . . . . .                                                                                                       |                                                                                           |                      |                                                    |                                         |                                                                                 |
| Program Service Revenue                                   | 2a                                               | INCOME FROM CERTIFICATIONS                                                                                                             | Business Code                                                                             | 900099               | 1,180,851                                          | 1,180,851                               |                                                                                 |
|                                                           | b                                                |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           | e                                                |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           | f                                                | All other program service revenue                                                                                                      |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           | g                                                | Total. Add lines 2a-2f . . . . .                                                                                                       |                                                                                           |                      | 1,180,851                                          |                                         |                                                                                 |
|                                                           | Other Revenue                                    | 3                                                                                                                                      | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                      | 0                                                  |                                         |                                                                                 |
| 4                                                         |                                                  | Income from investment of tax-exempt bond proceeds . .                                                                                 |                                                                                           | 0                    |                                                    |                                         |                                                                                 |
| 5                                                         |                                                  | Royalties . . . . .                                                                                                                    |                                                                                           | 0                    |                                                    |                                         |                                                                                 |
| 6a                                                        |                                                  | (i) Real                                                                                                                               |                                                                                           | (ii) Personal        | 428,689                                            |                                         |                                                                                 |
|                                                           |                                                  | 428,689                                                                                                                                |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                  |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                  | 428,689                                                                                                                                |                                                                                           | 0                    |                                                    |                                         |                                                                                 |
| b                                                         |                                                  | Less rental expenses                                                                                                                   |                                                                                           |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                                  | Rental income or (loss)                                                                                                                |                                                                                           |                      |                                                    |                                         |                                                                                 |
| d                                                         |                                                  | Net rental income or (loss) . . . . .                                                                                                  |                                                                                           |                      | 428,689                                            |                                         | 428,689                                                                         |
| 7a                                                        |                                                  | (i) Securities                                                                                                                         |                                                                                           | (ii) Other           | 13,130                                             |                                         |                                                                                 |
|                                                           |                                                  |                                                                                                                                        |                                                                                           | 25,000               |                                                    |                                         |                                                                                 |
|                                                           |                                                  |                                                                                                                                        |                                                                                           | 11,870               |                                                    |                                         |                                                                                 |
|                                                           |                                                  |                                                                                                                                        |                                                                                           | 13,130               |                                                    |                                         |                                                                                 |
| b                                                         |                                                  | Less cost or other basis and sales expenses                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                                  | Gain or (loss)                                                                                                                         |                                                                                           |                      |                                                    |                                         |                                                                                 |
| d                                                         |                                                  | Net gain or (loss) . . . . .                                                                                                           |                                                                                           |                      | 13,130                                             |                                         | 13,130                                                                          |
| 8a                                                        |                                                  | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . |                                                                                           | a                    | 0                                                  |                                         |                                                                                 |
| b                                                         |                                                  | Less direct expenses . . . .                                                                                                           |                                                                                           | b                    |                                                    |                                         |                                                                                 |
| c                                                         |                                                  | Net income or (loss) from fundraising events . .                                                                                       |                                                                                           |                      |                                                    |                                         |                                                                                 |
| 9a                                                        |                                                  | Gross income from gaming activities<br>See Part IV, line 19 . . . .                                                                    |                                                                                           | a                    | 0                                                  |                                         |                                                                                 |
| b                                                         |                                                  | Less direct expenses . . . .                                                                                                           |                                                                                           | b                    |                                                    |                                         |                                                                                 |
| c                                                         | Net income or (loss) from gaming activities . .  |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
| 10a                                                       |                                                  |                                                                                                                                        |                                                                                           | 0                    |                                                    |                                         |                                                                                 |
|                                                           |                                                  |                                                                                                                                        | a                                                                                         |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                  |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                  |                                                                                                                                        | b                                                                                         |                      |                                                    |                                         |                                                                                 |
| b                                                         | Less cost of goods sold . . .                    |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
| c                                                         | Net income or (loss) from sales of inventory . . |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
| Miscellaneous Revenue                                     |                                                  | Business Code                                                                                                                          |                                                                                           |                      |                                                    |                                         |                                                                                 |
| 11a                                                       |                                                  |                                                                                                                                        |                                                                                           | 0                    |                                                    |                                         |                                                                                 |
| b                                                         |                                                  |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                                  |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
| d                                                         | All other revenue . . . . .                      |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
| e                                                         | Total. Add lines 11a-11d . . . . .               |                                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                                 |
| 12                                                        | Total revenue. See Instructions . . . . .        |                                                                                                                                        |                                                                                           | 10,196,280           | 1,180,851                                          |                                         | 441,819                                                                         |

Part IX

Statement of Functional Expenses

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

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

☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                | 813,616               | 813,616                         |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                  | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                     | 1,139,508             | 1,139,508                       |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                               | 336,899               | 185,295                         | 117,915                                | 33,689                      |
| 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.                                                                                                                                                                                                               | 3,061,980             | 2,709,104                       | 110,006                                | 242,870                     |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     | 6,411                 | 5,459                           | 430                                    | 522                         |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                | 23,647                | 20,137                          | 1,586                                  | 1,924                       |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          | 231,481               | 197,123                         | 15,523                                 | 18,835                      |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                  | 39,776                | 33,872                          | 2,667                                  | 3,237                       |
| c                                                                              | Accounting.                                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               | 19,169                | 19,169                          |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             | 2,130,623             | 1,813,394                       | 143,322                                | 173,907                     |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              | 233,905               | 199,188                         | 15,685                                 | 19,032                      |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        | 489,615               | 416,944                         | 32,832                                 | 39,839                      |
| 14                                                                             | Information technology.                                                                                                                                                                                                                 | 198,305               | 168,871                         | 13,298                                 | 16,136                      |
| 15                                                                             | Royalties.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                              | 946,317               | 805,859                         | 63,458                                 | 77,000                      |
| 17                                                                             | Travel.                                                                                                                                                                                                                                 | 451,339               | 384,349                         | 30,266                                 | 36,724                      |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                 | 403,357               | 343,488                         | 27,048                                 | 32,821                      |
| 20                                                                             | Interest.                                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                              | 164,271               | 139,889                         | 11,016                                 | 13,366                      |
| 23                                                                             | Insurance.                                                                                                                                                                                                                              | 7,852                 | 6,687                           | 527                                    | 638                         |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |                                        |                             |
| a                                                                              | TRAINING/DUES AND SUBSCRIPTION                                                                                                                                                                                                          | 42,749                | 36,404                          | 2,867                                  | 3,478                       |
| b                                                                              | OVERHEAD                                                                                                                                                                                                                                | 386,707               |                                 | 386,707                                |                             |
| c                                                                              | MEDIA SERVICES                                                                                                                                                                                                                          | 192,171               | 163,648                         | 12,887                                 | 15,636                      |
| d                                                                              | OTHER MISCELLANEOUS                                                                                                                                                                                                                     | 151                   | 129                             | 8                                      | 14                          |
| e                                                                              | All other expenses                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 11,319,849            | 9,602,133                       | 988,048                                | 729,668                     |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

☐

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |              | (A)               |     | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|-----|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |              | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |              | 699,851           | 1   | 697,864     |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |              | 0                 | 2   | 0           |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |              | 386,598           | 3   | 138,455     |
|                             | 4                                                                                                                                                   | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |              | 35,404            | 4   | 32,780      |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |              | 0                 | 5   | 0           |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |              | 0                 | 6   | 0           |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |              | 0                 | 7   | 0           |
|                             | 8                                                                                                                                                   | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |              | 0                 | 8   | 0           |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |              | 181,447           | 9   | 106,450     |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a1,189,833 |                   |     |             |
|                             | b                                                                                                                                                   | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b1,051,285 | 311,689           | 10c | 138,548     |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |              | 0                 | 11  | 0           |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |              | 0                 | 12  | 0           |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |              | 0                 | 13  | 0           |
|                             | 14                                                                                                                                                  | Intangible assets                                                                                                                                                                                                                                                                                                            |              | 0                 | 14  | 27,000      |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |              | 4,798,139         | 15  | 3,667,378   |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                    |              | 6,413,128         | 16  | 4,808,475   |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |              | 583,592           | 17  | 725,302     |
|                             | 18                                                                                                                                                  | Grants payable                                                                                                                                                                                                                                                                                                               |              | 0                 | 18  | 0           |
|                             | 19                                                                                                                                                  | Deferred revenue                                                                                                                                                                                                                                                                                                             |              | 8,402             | 19  | 8,402       |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |              | 0                 | 20  | 0           |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |              | 0                 | 21  | 0           |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |              | 0                 | 22  | 0           |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |              | 0                 | 23  | 0           |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |              | 0                 | 24  | 0           |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D                                                                                                                                                         |              | 3,082,169         | 25  | 2,459,375   |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                                                                                   |              | 3,674,163         | 26  | 3,193,079   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |              |                   |     |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |              | -2,121,674        | 27  | -2,089,482  |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |              | 4,860,639         | 28  | 3,704,878   |
|                             | 29                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |              | 0                 | 29  | 0           |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                            |              | 2,738,965         | 33  | 1,615,396   |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |              | 6,413,128         | 34  | 4,808,475   |

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  | 10,196,280 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 11,319,849 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | -1,123,569 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 2,738,965  |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  |            |
| 6  | Donated services and use of facilities                                                                        | 6  |            |
| 7  | Investment expenses                                                                                           | 7  |            |
| 8  | Prior period adjustments                                                                                      | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  |            |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,615,396  |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| b  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| c  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | 2c  | Yes |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 | 3a  | Yes |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     | 3b  | Yes |

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

2012

Open to Public Inspection

Name of the organization  
Safe Kids Worldwide

Employer identification number  
52-1627574

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

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

11

☒

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

a

☒

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated

e

☒

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

f

☐

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

g

☐

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

(i)

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

(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 monetary support |
|------------------------------------|-----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |           |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
| (A) CHILDREN'S HOSPITAL            | 530196580 | 03                                                                                           | Yes                                                                    |    | Yes                                                             |    | Yes                                                        |    | 0                                |
|                                    |           |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |           |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 2012 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                   |  | 14 |  |  |  |   |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                          |  | 15 |  |  |  |   |
| 16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                       |  |    |  |  |  | ▶ |
| 17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2012. 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—2011. 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.** 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).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

| Explanation |
|-------------|
|             |
|             |
|             |
|             |

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

2012

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 35c (Proxy Tax), then

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

|                                                 |                                                  |
|-------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Safe Kids Worldwide | Employer identification number<br><br>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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|    |                                                                                                                                                                                                                              | (a) |    | (b)    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|    |                                                                                                                                                                                                                              | Yes | No | Amount |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a  | Volunteers?                                                                                                                                                                                                                  | Yes |    |        |
| 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?                                                                                                                                                                             |     | No |        |
| e  | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| f  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         | Yes |    | 12,500 |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  | Yes |    | 6,669  |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |
| i  | Other activities?                                                                                                                                                                                                            |     | No |        |
| j  | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    | 19,169 |
| 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?                                                                                                                                 |     |    |        |

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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Identifier                                         | Return Reference               | Explanation                                                                                                                                                                                                                                                          |
|----------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Volunteers                                         | Schedule C, Part II-B, Line 1a | Safe Kids coalitions volunteer to influence legislation including state requirements for carbon monoxide in the home, child passenger safety, bike helmet laws, drivers license laws and concussion prevention laws                                                  |
| Paid Staff or Management                           | Schedule C, Part II-B, Line 1b | Safe Kids paid staff was involved in urging legislators at the state and federal level on issues including requirements for carbon monoxide in the home, child passenger safety, bike helmet laws, drivers license laws and concussion prevention laws               |
| Mailing to Members, Legislators or the Public      | Schedule C, Part II-B, Line 1d | Safe Kids produced and e-mailed documents to new members of Congress detailing our positions on policy matters important to child safety                                                                                                                             |
| Grant to Other Organizations for Lobbying Purposes | Schedule C, Part II-B, Line 1f | Safe Kids implemented an advocacy grant program to support state Safe Kids coalitions advocating in favor of laws to prevent and minimize concussions in youth sports                                                                                                |
| Direct Contact                                     | Schedule C, Part II-B, Line 1g | Safe Kids public policy director worked to influence child safety legislation at the federal and state level including requirements for carbon monoxide in the home, child passenger safety, drivers license laws, bike helmet laws and concussion prevention issues |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

|                                                 |                                              |
|-------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Safe Kids Worldwide | Employer identification number<br>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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the 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, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

| Description of property                                                                          | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a                                                                                               | Land                                 |                                |                              |                |
| b                                                                                                | Buildings                            |                                |                              |                |
| c                                                                                                | Leasehold improvements               | 250,945                        | 172,815                      | 78,130         |
| d                                                                                                | Equipment                            | 843,158                        | 782,740                      | 60,418         |
| e                                                                                                | Other                                | 95,730                         | 95,730                       |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 138,548        |

Schedule D (Form 990) 2012



|                                                                                                      |                                                                                                         |           |           |           |            |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|------------|
| <b>Part XI    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |                                                                                                         |           |           |           |            |
| <b>1</b>                                                                                             | Total revenue, gains, and other support per audited financial statements . . . . .                      |           |           | <b>1</b>  | 10,253,127 |
| <b>2</b>                                                                                             | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |           |            |
| <b>a</b>                                                                                             | Net unrealized gains on investments . . . . .                                                           | <b>2a</b> |           |           |            |
| <b>b</b>                                                                                             | Donated services and use of facilities . . . . .                                                        | <b>2b</b> | 56,847    |           |            |
| <b>c</b>                                                                                             | Recoveries of prior year grants . . . . .                                                               | <b>2c</b> |           |           |            |
| <b>d</b>                                                                                             | Other (Describe in Part XIII ) . . . . .                                                                | <b>2d</b> |           |           |            |
| <b>e</b>                                                                                             | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                         |           |           | <b>2e</b> | 56,847     |
| <b>3</b>                                                                                             | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                    |           |           | <b>3</b>  | 10,196,280 |
| <b>4</b>                                                                                             | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |           |            |
| <b>a</b>                                                                                             | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |           |            |
| <b>b</b>                                                                                             | Other (Describe in Part XIII ) . . . . .                                                                | <b>4b</b> |           |           |            |
| <b>c</b>                                                                                             | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                             |           | <b>4c</b> |           |            |
| <b>5</b>                                                                                             | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           |           | <b>5</b>  | 10,196,280 |

|                                                                                                         |                                                                                                          |           |           |           |            |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|------------|
| <b>Part XII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |                                                                                                          |           |           |           |            |
| <b>1</b>                                                                                                | Total expenses and losses per audited financial statements . . . . .                                     |           |           | <b>1</b>  | 11,376,696 |
| <b>2</b>                                                                                                | Amounts included on line 1 but not on Form 990, Part IX, line 25                                         |           |           |           |            |
| <b>a</b>                                                                                                | Donated services and use of facilities . . . . .                                                         | <b>2a</b> | 56,847    |           |            |
| <b>b</b>                                                                                                | Prior year adjustments . . . . .                                                                         | <b>2b</b> |           |           |            |
| <b>c</b>                                                                                                | Other losses . . . . .                                                                                   | <b>2c</b> |           |           |            |
| <b>d</b>                                                                                                | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |           |           |            |
| <b>e</b>                                                                                                | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           |           | <b>2e</b> | 56,847     |
| <b>3</b>                                                                                                | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           |           | <b>3</b>  | 11,319,849 |
| <b>4</b>                                                                                                | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |           |            |
| <b>a</b>                                                                                                | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |           |            |
| <b>b</b>                                                                                                | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |           |           |            |
| <b>c</b>                                                                                                | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> |           |            |
| <b>5</b>                                                                                                | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           |           | <b>5</b>  | 11,319,849 |

|                                                                                                                                                                                                                                                                                                     |                            |                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part XIII    Supplemental Information</b>                                                                                                                                                                                                                                                        |                            |                                                                                                                                                                                                                                               |
| 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. |                            |                                                                                                                                                                                                                                               |
| Identifier                                                                                                                                                                                                                                                                                          | Return Reference           | Explanation                                                                                                                                                                                                                                   |
| Liability for Uncertain Tax Position (ASC 740)                                                                                                                                                                                                                                                      | Schedule D, Part X, Line 2 | Safe Kids has received a determination letter from the Internal Revenue Service indicating that it is exempt from Federal Income Tax under Section 501(c)(3). As of June, 2013 and 2012, Safe Kids does not have any uncertain tax positions. |

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
Safe Kids Worldwide

Employer identification number  
52-1627574

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region                                 | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| See Add'l Data                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                            |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| 3a Sub-total                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 1,139,508                                            |
| b Total from continuation sheets to Part I |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| c Totals (add lines 3a and 3b)             |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 1,139,508                                            |

**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. Part II can be duplicated if additional space is needed.

[illegible]

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 . . . . ► 11

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

## Part III

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

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

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

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, 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

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

**Schedule F (Form 990) 2012**

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                   | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| East Asia and the Pacific    |                                     |                                             | Grantmaking                                                                                                                    | PEDESTRIAN/HOME SAFETY                                                                             | 627,413                           |
| North America                |                                     |                                             | Grantmaking                                                                                                                    | PEDESTRIAN/HOME SAFETY                                                                             | 292,095                           |
| Middle East and North Africa |                                     |                                             | Grantmaking                                                                                                                    | PEDESTRIAN/HOME SAFETY                                                                             | 28,000                            |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region         | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| South America      |                                     |                                             | Grantmaking                                                                                                                    | PEDESTRIAN/HOME SAFETY                                                                             | 58,000                            |
| South Asia         |                                     |                                             | Grantmaking                                                                                                                    | PEDESTRIAN/HOME SAFETY                                                                             | 128,000                           |
| Sub-Saharan Africa |                                     |                                             | Grantmaking                                                                                                                    | PEDESTRIAN/HOME SAFETY                                                                             | 6,000                             |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 and the Pacific | CHILD SAFETY         | 318,185                  | WIRE                            |                                   |                                        |                                                       |
|                          |                                             | South Asia                | CHILD SAFETY         | 128,000                  | WIRE                            |                                   |                                        |                                                       |
|                          |                                             | East Asia and the Pacific | CHILD SAFETY         | 78,000                   | WIRE                            |                                   |                                        |                                                       |
|                          |                                             | East Asia and the Pacific | CHILD SAFETY         | 80,450                   | WIRE                            |                                   |                                        |                                                       |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 and the Pacific    | CHILD SAFETY         | 82,100                   | WIRE                            |                                   |                                        |                                                       |
|                          |                                             | East Asia and the Pacific    | CHILD SAFETY         | 49,678                   | WIRE                            |                                   |                                        |                                                       |
|                          |                                             | South America                | CHILD SAFETY         | 55,000                   | WIRE                            |                                   |                                        |                                                       |
|                          |                                             | Middle East and North Africa | CHILD SAFETY         | 25,000                   | WIRE                            |                                   |                                        |                                                       |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---------------------------------------------|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
|                          |                                             | North America             | CHILD SAFETY         | 115,000                  | WIRE                            |                                   |                                        |                                                       |
|                          |                                             | East Asia and the Pacific | CHILD SAFETY         | 16,000                   | WIRE                            |                                   |                                        |                                                       |
|                          |                                             | North America             | SAFETY INITIATIVES   | 177,095                  | WIRE                            |                                   |                                        |                                                       |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Safe Kids Worldwide

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

2012

Open to Public  
Inspection

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. Part II can be duplicated if additional space is needed.

| (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 listed in the line 1 table . . . . .

26

3

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

**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.  
Part III can be duplicated if additional space is needed.

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

**Part IV**

**Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier                                             | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Procedure for Monitoring Use of Grant Funds Inside U S | Schedule I, Part I, Line 2 | WHEN GRANT FUNDS ARE AVAILABLE, THE ORGANIZATION WILL INFORM THE COALITION 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 THE GRANT AGREEMENT SAFE KIDS THEN DISTRIBUTES THE GRANT CHECK, DEPENDING ON THE SIZE OF THE GRANT, IT MAY BE A ONE-TIME PAYMENT, OR CONSIST OF MULTIPLE PAYMENTS GRANT MANAGEMENT IS IN PLACE FOR GRANTEEES TO REPORT THEIR PROGRAM ACTIVITIES AND DETAIL HOW THEY SPENT THEIR GRANT FUNDS ONCE THE GRANT PERIOD HAS ENDED SAFE KIDS EVALUATES THE INFORMATION FOR THE 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 |



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 HURON VALLEY<br>1500 MEDICAL CENTER DR<br>F3970 PEDIA<br>ANN ARBOR, MI 48109 | 38-6006309 | 501(C)(3)                          | 7,855                    |                                   |                                                        |                                        | SAFETY INITIATIVES                 |
| SAFE KIDS MIDDLESEX COUNTYONE ROBERT<br>WOOD JOHNSON PL<br>NEW BRUNSWICK,NJ<br>08903   | 22-1487243 | 501(C)(3)                          | 9,300                    |                                   |                                                        |                                        | SAFETY 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 NEW YORK CITY<br>59 MAIDEN LANE 34th FLR<br>NEW YORK, NY 10038       | 13-3546711 | Deptof Treasury                    | 5,659                    |                                   |                                                        |                                        | SAFETY INITIATIVES                 |
| SAFE KIDS METRO KANSAS<br>CITY6400 PROSPECT STE<br>216<br>KANSAS CITY,MO 64132 | 43-1897000 | 501(C)(3)                          | 26,000                   |                                   |                                                        |                                        | SAFETY 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 KING COUNTY WA - SOUTH4800 SAND POINT WAY NE SEATTLE,WA 98105       | 91-0564748 | 501(C)(3)                          | 5,981                    |                                   |                                                        |                                        | SAFETY INITIATIVES                 |
| SAFE KIDS LA CROSSE COULEE WISCONSIN1900 SOUTH AVE C01-005 LA CROSSE,WI 54601 | 39-0813416 | 501(C)(3)                          | 29,450                   |                                   |                                                        |                                        | SAFETY 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 |
|--------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SK GWINNETT COUNTY CO<br>FIRE & EMERGENCY SVCS<br>408 HURRICANE SHOALS<br>RD NE<br>LAWRENCEVILLE,GA<br>30046 | 58-1936575 | 501(C)(3)                          | 6,355                    |                                   |                                                        |                                        | SAFETY<br>INITIATIVES              |
| SK DENVER METRO CO<br>CHILDRENS HOSP<br>COLORADO13123 E 16TH<br>AVE<br>AURORA,CO 80045                       | 84-0166760 | 501(C)(3)                          | 10,470                   |                                   |                                                        |                                        | SAFETY<br>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 GRAND FORKS CO ALTRU HEALTH SYSTEM860 S COLUMBIA RD GRAND FORKS,ND 58201   | 45-0310462 | 501(C)(3)                          | 16,088                   |                                   |                                                        |                                        | SAFETY INITIATIVES                 |
| SK GRTR CLEVELAND CO RAINBOW BABIES AND CHILD HOS10524 EUCLID AVE CLEVELAND,OH 44106 | 34-1567805 | 501(C)(3)                          | 7,855                    |                                   |                                                        |                                        | SAFETY 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 |
|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SK GREATER TOLEDO CO<br>TOLEDO CHILDRENS<br>HOSPITAL2142 N COVE<br>BLVD<br>TOLEDO,OH 43606 | 34-4428256 | 501(C)(3)                          | 28,400                   |                                   |                                                        |                                        | SAFETY<br>INITIATIVES              |
| SAFE KIDS CONNECTICUT<br>CO CT CHILDREN'S MED<br>CTR282 WASHINGTON ST<br>HARTFORD,CT 06106 | 06-0646755 | 501(C)(3)                          | 29,800                   |                                   |                                                        |                                        | SAFETY<br>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 |
|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SK MID-SOUTH CO LE BONHEUR CHILDRENS MEDICAL CTR850 POPLAR AVE MEMPHIS,TN 38105 | 62-1872938 | 501(C)(3)                          | 48,300                   |                                   |                                                        |                                        | SAFETY INITIATIVES                 |
| SK MID-TEXAS CO SCOTT & WHITE TRAUMA CTR 2401 SOUTH 31ST ST TEMPLE,TX 76508     | 27-3513154 | 501(C)(3)                          | 6,600                    |                                   |                                                        |                                        | SAFETY 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 |
|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SK NORTHEAST FLORIDA<br>CO WOLFSON CHILDRENS<br>HOSP O BOX 10806<br>PENSACOLA,FL 32524        | 59-0747311 | 501(C)(3)                          | 5,363                    |                                   |                                                        |                                        | SAFETY<br>INITIATIVES              |
| SAFE KIDS PITT COUNTY<br>CO VIDANT MEDICAL CTR<br>2100 STANTONSBURG RD<br>GREENVILLE,NC 27835 | 56-0585243 | 501(C)(3)                          | 33,250                   |                                   |                                                        |                                        | SAFETY<br>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 SEATTLE CO<br>HARBORVIEW MEDICAL<br>CTHMC BOX 359960<br>SEATTLE,WA 98104                        | 91-1631806 | 501(C)(3)                          | 25,800                   |                                   |                                                        |                                        | SAFETY INITIATIVES                 |
| SK SOUTHEASTERN PA CO<br>CHILRENS HOSPITAL OF<br>PHILAD1121 E CHSTNT<br>AVE<br>JEFFERSONVILLE,PA<br>19403 | 23-1352166 | 501(C)(3)                          | 5,300                    |                                   |                                                        |                                        | SAFETY 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 |
|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SK PEORIA ILLINOISCO<br>SAINT FRANCIS MEDICAL<br>CTR530 NE GLEN OAK AVE<br>PEORIA,IL 61637 | 37-0662569 | 501(C)(3)                          | 28,100                   |                                   |                                                        |                                        | CHILD SAFETY                       |
| SK TOOMBS CO CO<br>MEADOWS REGIONAL MED<br>CTR1 MEADOWS PARKWAY<br>VIDALIA,GA 30475        | 58-2044503 | 501(C)(3)                          | 5,035                    |                                   |                                                        |                                        | CHILD SAFETY                       |

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 |
|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SK WEST LOS ANGELES CO CHILDRENS HOSPITAL LA 4650 SUNSET BLVD LOS ANGELES,CA 90027 | 95-1690977 | 501(C)(3)                          | 6,375                    |                                   |                                                        |                                        | CHILD SAFETY                       |
| SK SOUTHERN NJ CO THE COOPER HEALTH SYSTEM1 COOPER PLZ CAMDEN,NJ 08103             | 22-2213715 | 501(C)(3)                          | 6,574                    |                                   |                                                        |                                        | CHILD SAFETY                       |

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 |
|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SK TRIDENT AREACO MED UNIVERSITY OF SC326 CALHOUN ST RM 325 CHARLESTON, SC 29425     | 57-1098550 | 501(C)(3)                          | 31,980                   |                                   |                                                        |                                        | CHILD SAFETY                       |
| SK THURSTON COUNTYCO CHILD CARE ACTION COUNCIL3729 GRIFFIN LANE SE OLYMPIA, WA 98501 | 91-1373181 | 501(C)(3)                          | 31,100                   |                                   |                                                        |                                        | GENERAL SUPPORT                    |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |    |     |    |
| 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                             |    |     |    |
| 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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                            | 4a | Yes |    |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4b | Yes |    |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4c |     | No |
|        | 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5a |     | No |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5b |     | No |
| 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6a |     | No |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6b |     | No |
| 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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title        |  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                           |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| See Additional Data Table |  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |

Part III Supplemental Information

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

| Identifier                                | Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Related Organization                      | Schedule J, Part I, Line 3  | SAFE KIDS WORLDWIDE ("SKW") RELIES ON ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER, TO DETERMINE COMPENSATION FOR SKW'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. |
| Severance or Change of Control payment    | Schedule J, Part I, Line 4a | DURING THE YEAR, THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT. THE SEVERANCE PAYMENT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS PART OF OTHER REPORTABLE COMPENSATION. JACQUELINE BOWENS - \$426,580.                                                                                                                                            |
| Supplemental nonqualified retirement plan | Schedule J, part I, Line 4b | THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION. KURT D. NEWMAN, MD - \$228,500. DOUGLAS MYERS - \$68,571. JACQUELINE BOWENS - \$15,000. ELIZABETH FLURY - \$25,000.                                                                                           |

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name                   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) 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 compensation |                           |                         |                                 |                                                            |
| KURT D NEWMAN MD           | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 750,764                                            | 614,987                             | 22,061                   | 241,000                   | 82,094                  | 1,710,906                       | 0                                                          |
| KATE S CARR                | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 265,383                                            | 61,879                              | 2,838                    | 0                         | 20,204                  | 350,304                         | 0                                                          |
| JACQUELINE BOWENS          | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 228,085                                            | 550,826                             | 593,290                  | 27,324                    | 23,672                  | 1,423,197                       | 0                                                          |
| RAYMOND S SCZUDLO          | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 422,173                                            | 308,978                             | 231,049                  | 12,500                    | 44,889                  | 1,019,589                       | 0                                                          |
| ELIZABETH FLURY beg 010113 | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 151,490                                            | 100,000                             | 555                      | 25,000                    | 32,301                  | 309,346                         | 0                                                          |
| DOUGLAS MYERS              | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 502,579                                            | 323,223                             | 18,783                   | 81,071                    | 26,376                  | 952,032                         | 0                                                          |
| TORINE CREPPY              | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 151,530                                            | 35,210                              | 527                      | 7,820                     | 22,551                  | 217,638                         | 0                                                          |
| SHANNON SULLIVAN           | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 149,544                                            | 19,360                              | 280                      | 577                       | 23,814                  | 193,575                         | 0                                                          |
| MOIRA LAIL DONAHUE         | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 147,920                                            | 17,522                              | 398                      | 6,634                     | 6,317                   | 178,791                         | 0                                                          |
| MARTHA WILCOX              | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                            | (ii) | 135,468                                            | 15,000                              | 1,002                    | 0                         | 5,570                   | 157,040                         | 0                                                          |

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

2012

Open to Public

Inspection

Name of the organization

Safe Kids Worldwide

Employer identification number

52-1627574

| Identifier             | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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|------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization's mission | Form 990, Part III, Line 1 | <p>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 THE US AND PARTNERS IN 27 COUNTRIES BRING TOGETHER HEALTH AND SAFETY EXPERTS, EDUCATORS, CORPORATIONS, FOUNDATIONS, GOVERNMENTS AND VOLUNTEERS TO EDUCATE AND PROTECT FAMILIES New Significant Program Service Activities Form 990, Part III, Line 2 SAFE KIDS DAY IS AWARENESS AND FUNDRAISING INITIATIVE DESIGNED TO HIGHLIGHT CHILDHOOD INJURY PREVENTION AT THE NATIONAL, STATE AND LOCAL LEVEL SAFE KIDS WORLDWIDE HOSTS LARGE-SCALE NATIONAL EVENTS THAT FOCUS ON CELEBRATING KIDS AND HELPING PEOPLE LEARN SIMPLE THINGS THEY CAN DO TO PROTECT KIDS FROM PREVENTABLE INJURIES Program Service Activity #1 Form 990, Part III, Line 4a SAFE KIDS WALK THIS WAY PROGRAMS - SAFE KIDS WORLDWIDE AND PROGRAM SPONSOR FEDEX CREATED SAFE KIDS WALK THIS WAY TO BRING INTERNATIONAL, 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 3 MILLION PEOPLE THROUGH PROGRAM ACTIVITIES AMONG THE MANY COMPONENTS OF THE PROGRAM, SAFE KIDS LEADS YEAR-ROUND SCHOOL SAFETY COMMITTEES TO IMPROVE PEDESTRIAN ENVIRONMENTS FOR STUDENTS, CONDUCTS START SAFE TRAVEL TO EDUCATE FAMILIES AND CAREGIVERS OF HEAD START STUDENTS ON TRANSPORTATION SAFETY 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 SAFE KIDS WALK THIS WAY IS A MULTIFACETED PROGRAM THAT INVOLVES HIGH-VISIBILITY COMMUNITY AND SCHOOL BASED EVENTS, RESEARCH ON RISKS TO PEDESTRIANS, AND PARTNERSHIPS AND TASK FORCES THAT ENGAGE LOCAL PEDESTRIAN SAFETY STAKEHOLDERS TO MAKE IMPROVEMENTS TO WALKING ENVIRONMENTS IN 2013, THE PROGRAM REACHED MORE THAN 2 MILLION CHILDREN IN NEARLY 4,000 SCHOOLS AROUND THE WORLD AND HAS IMPROVED THE WALKING ENVIRONMENTS OF 38 SCHOOLS IN 27 CITIES IN 8 COUNTRIES Program Service Activity #2 Form 990, Part III, Line 4b 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 AND INTERNATIONAL INITIATIVE, BRINGING MOTOR VEHICLE SAFETY MESSAGES ABOUT SAFETY 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 GUIDANCE TO FAMILIES AND CAREGIVERS THROUGH OUR NATIONAL COALITION NETWORK THE BUCKLE UP PROGRAM PROVIDES INTERACTIVE EDUCATIONAL PROGRAMS FOR OLDER CHILDREN THROUGH OUR SAFEST GENERATION AND COUNTDOWN2DRIVE PRE-DRIVER PROGRAM SAFE KIDS BUCKLE UP PROVIDES GRANTS TO SAFE KIDS COALITIONS TO CONDUCT SAFETY PROGRAMS AT THE LOCAL LEVEL THESE NETWORKS OF GRASSROOT 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 OVER 16 MILLION CHILD SAFETY SEATS AT 83,000 EVENTS AND THE PROGRAM HAS DONATED MORE THAN 585,000 SEATS TO FAMILIES IN NEED Program Service Activity #3 Form 990, Part III, Line 4c 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 126,000 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 Other Program Services Form 990, Part III, Line 4d Description Grants Expenses HOME SAFETY COUNCIL PROGRAMS \$668,334 THE MCNEIL MEDICATION SAFETY PROGRAM \$39,000 \$512,084 SANUS MILESTONE TV TIPOVER PROGRAM \$36,000 \$375,723 J&amp;J SPORTS SAFETY PROGRAM \$64,000 \$327,895 SAFE KIDS INTERNATIONAL OPERATIONS \$180,185 \$445,793 SAFE KIDS DAY PROGRAM \$229,386 SAFE KIDS LEADERSHIP CONFERENCE \$28,765 \$206,901 THE STATEFARM CHILD PASSENGER SAFETY PROGRAM \$3,600 \$181,545 OTHER PROGRAM SERVICE ACTIVITIES \$28,639 \$1,814,839 Total \$380,189 \$4,762,500 Members or Stockholders Form 990,</p> |

| Identifier             | Return Reference           | Explanation                                                                                                                                                                                                                                                                 |
|------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization's mission | Form 990, Part III, Line 1 | Part VI, Lines 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990 Review Process | Form 990, Part VI, Line 11b | THE RELEVANT COMMITTEES OF THE ORGANIZATION AND ITS PARENT ORGANIZATION, CHILDREN'S NATIONAL MEDICAL CENTER, REVIEW APPLICABLE PORTIONS OF THE FORM 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conflict of Interest Policy Monitoring & Enforcement | Form 990, 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                                                                                                                                                                                                                                                                    |
|--------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Governing Policies | Form 990, Part VI, Line 13 and 14 | SAFE KIDS WORLDWIDE ("SKW") 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                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process for Determining Compensation | Form 990, Part VI, Lines 15A and 15B | SAFE KIDS WORLDWIDE ("SKW") RELIES ON ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER, TO DETERMINE COMPENSATION FOR SKW'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                                                                                                                                |
|------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| How Documents are Made Available to the Public | Form 990, Part VI, Line 19 | SAFE KIDS WORLDWIDE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE ONLINE AND UPON REQUEST |

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Safe Kids Worldwide

Employer identification number  
52-1627574

Part I

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

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

Part II

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

| (a)<br>Name, address, and EIN of related organization                                                                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                      |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) CHILDREN'S HOSPITAL FOUNDATION<br><br>111 MICHIGAN AVENUE NW<br><br>WASHINGTON, DC 20010<br>52-1640402           | FUNDRAISING             | DC                                               | 501(C)(3)                  | 7                                                   | CNMC                             |                                              | No |
| (2) CHILDREN'S NATIONAL MEDICAL CENTER<br><br>111 MICHIGAN AVENUE NW<br><br>WASHINGTON, DC 20010<br>52-1640403       | HEALTH CARE             | DC                                               | 501(C)(3)                  | 11b, II                                             | NA                               |                                              | No |
| (3) CHILDREN'S RESEARCH INSTITUTE<br><br>111 MICHIGAN AVENUE NW<br><br>WASHINGTON, DC 20004<br>52-1654453            | RESEARCH                | DC                                               | 501(C)(3)                  | 9                                                   | CNMC                             |                                              | No |
| (4) CHILDREN'S HOSPITAL SELF-INSURANCE TRUST<br><br>111 MICHIGAN AVENUE NW<br><br>WASHINGTON, DC 20010<br>52-1640399 | INSURANCE               | DC                                               | 501(C)(3)                  | 11c, III-fi                                         | CH                               |                                              | No |
| (5) CHILDREN'S HOSPITAL<br><br>111 MICHIGAN AVENUE NW<br><br>WASHINGTON, DC 20010<br>53-0196580                      | HEALTH CARE             | DC                                               | 501(C)(3)                  | 3                                                   | CNMC                             |                                              | No |
| (6) BRAINY CAMPS ASSOCIATION<br><br>111 MICHIGAN AVENUE NW<br><br>WASHINGTON, DC 20010<br>27-1547370                 | CHILD CAMPS             | DC                                               | 501(C)(3)                  | 11a, I                                              | CH                               |                                              | No |
| (7) CHILDREN'S NAT'L ADVOC & PUBLIC POLICY<br><br>111 MICHIGAN AVENUE NW<br><br>WASHINGTON, DC 20010<br>27-1564354   | ADVOCACY                | DC                                               | 501(C)(3)                  | 11b, II                                             | CNMC                             |                                              | No |

Part III

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

| (a)<br>Name, address, and EIN of<br>related organization                                               | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                        |                            |                                                              |                                        |                                                                                                            |                                 |                                          | Yes                                    | No |                                                                            | Yes                                       | No |                                |
| (1) CHILDREN'S PEDIATRICIANS ASSOC<br><br>111 MICHIGAN AVENUE NW<br>WASHINGTON, DC 20010<br>52-2072589 | HEALTH CARE                | DC                                                           | NA                                     | N/A                                                                                                        | 0                               | 0                                        |                                        | No | 0                                                                          |                                           | No | 0 %                            |
|                                                                                                        |                            |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |
|                                                                                                        |                            |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |
|                                                                                                        |                            |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |
|                                                                                                        |                            |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |
|                                                                                                        |                            |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |
|                                                                                                        |                            |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)<br>Name, address, and EIN of<br>related organization                                                      | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                               |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) CHILDREN'S NATIONAL<br>HEALTH NETWORK<br><br>111 MICHIGAN AVENUE NW<br>WASHINGTON, DC 20010<br>52-1996521 | HEALTH CARE             | DC                                                        | NA                                  | C Corp                                                 | 0                               | 0                                         |                                |                                                        | No |
| (2) SAFE KIDS WORLDWIDE<br>LTD<br><br>PO BOX 916<br>ROAD TOWN TORTOLA<br>VQ                                   | INJURY PREVEN           | VQ                                                        | NA                                  | C Corp                                                 | 0                               | 0                                         |                                |                                                        | No |
| (3) BEARACUDA RE<br><br>PO BOX 69 KY1-1102<br>GRANDCAYMAN<br>CJ                                               | REINSURANCE             | CJ                                                        | NA                                  | C Corp                                                 | 0                               | 0                                         |                                |                                                        | No |
| (4) BEAR CUB REINSURANCE<br>LTD<br><br>PO BOX 69 KY1-1102<br>GRANDCAYMAN<br>CJ                                | REINSURANCE             | CJ                                                        | NA                                  | C Corp                                                 | 0                               | 0                                         |                                |                                                        | No |
|                                                                                                               |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                               |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                               |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |

Part V

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

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

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 or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

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)<br>Name of other organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) CHILDREN'S HOSPITAL           | P                                | 386,707                | FMV                                          |
|                                   |                                  |                        |                                              |
|                                   |                                  |                        |                                              |
|                                   |                                  |                        |                                              |
|                                   |                                  |                        |                                              |
|                                   |                                  |                        |                                              |

Schedule R (Form 990) 2012

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]

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

**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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