

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFE KIDS WORLDWIDE		D Employer identification number 52-1627574
	Doing Business As		E Telephone number (202) 662-0600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1301 PENNSYLVANIA AVENUE, NW		
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20004		
F Name and address of principal officer: KURT DOUGLAS NEWMAN MD 1301 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004			G Gross receipts \$ 9,934,883.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: WWW.SAFEKIDS.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1990 M State of legal domicile: DC

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF CHILDREN 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	18.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	140.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,655,242.	8,283,064.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,145,729.	1,193,207.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,433.	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,740.	458,612.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,991,278.	9,934,883.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,896,025.	1,919,294.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,469,003.	3,512,055.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 722,636.	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,876,632.	7,482,029.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,241,660.	12,913,378.
19 Revenue less expenses. Subtract line 18 from line 12	-1,250,382.	-2,978,495.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,216,063.	6,261,891.
	22 Net assets or fund balances. Subtract line 21 from line 20.	2,498,603.	3,522,926.

## Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DOUGLAS MYERS Type or print name and title	CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY TORRETTA				P00847851
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558			
	Firm's address ▶ 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102	Phone no. 703-847-7500			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 2,090,441. including grants of \$ 1,328,673. ) (Revenue \$ )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 1,542,897. including grants of \$ 124,900. ) (Revenue \$ )

ATTACHMENT 3

**4c** (Code: ) (Expenses \$ 745,600. including grants of \$ ) (Revenue \$ 1,193,207. )

ATTACHMENT 4

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 5  
(Expenses \$ 5,122,067. including grants of \$ 465,721. ) (Revenue \$ )**4e** Total program service expenses ► 9,501,005.

**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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b X	
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 X	
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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
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)**

	Yes	No
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> . . . . .	X	
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> . . . . .		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
24 a 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> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
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> . . . . .		X
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> . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
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> . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
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> . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
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> . . . . .		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b 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> . . . . .		X
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> . . . . .		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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? . . . . .	2b		
<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		X
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	X	
b If "Yes," enter the name of the foreign country: ► CHINA . . . . .			
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		X
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		X
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		X
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		X
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? . . . . .	13a		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b		
c Enter the amount of reserves on hand . . . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 line 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. ☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1a</b> 18		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. <b>1b</b> 13		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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.		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT-6**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**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 20010 301-565-8484**

JSA

Form 990 (2011)

**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 ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 7										
(1) JOHN CLASTER BOARD CHAIRMAN	1.00	X		X				0	0	0
(2) JOHN FORMISANO BOARD VICE CHAIRMAN	1.00	X		X				0	124,792.	0
(3) KURT D NEWMAN, MD PRESIDENT / CEO CNMC	1.00	X		X				0	1,137,776.	276,098.
(4) STEPHEN O'TOOLE BOARD SECRETARY-TREASURER	1.00	X		X				0	0	0
(5) JACQUELINE BOWENS BOARD MEMBER	1.00	X						0	773,474.	28,576.
(6) KATE S CARR PRESIDENT/CEO SAFE KIDS WW	1.00	X		X				0	62,840.	1,836.
(7) SARAH COLAMARINO BOARD MEMBER	1.00	X						0	0	0
(8) KIMBERLY EGAN BOARD MEMBER	1.00	X						0	0	0
(9) EDWIN FULLER BOARD MEMBER	1.00	X						0	0	0
(10) DIANA L GOLDBERG BOARD MEMBER	1.00	X						0	0	0
(11) ERIC MARKGRAF BOARD MEMBER	1.00	X						0	0	0
(12) DANA POINTS BOARD MEMBER	1.00	X						0	0	0
(13) MICHAEL J ROBINSON BOARD MEMBER	1.00	X						0	0	0
(14) CARMINE SCHIAVONE BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RAYMOND S SCZUDLO BD MEMBER/CHIEF LEGAL OFFICER	1.00	X						0	1,050,566.	53,055.
(16) ORLY SILBINGER BOARD MEMBER	1.00	X						0	0	0
(17) MATTHEW THORNTON III BOARD MEMBER	1.00	X						0	0	0
(18) JAMES WARD BOARD MEMBER	1.00	X						0	0	0
(19) DOUGLAS MYERS EVP & CHIEF FINANCIAL OFFICER	1.00			X				0	721,849.	97,762.
(20) PATRICIA ADKINS COO & DIR PUBLIC POLICY	55.00					X		0	204,450.	12,481.
(21) TORINE V CREPPY CHIEF PROGRAM OFFICER	55.00					X		0	180,846.	20,153.
(22) MOIRA DONAHUE CHIEF INTNL PROGRAM OFFICER	55.00					X		0	155,586.	10,500.
(23) ANGELA MICKALIDE DIR RESEARCH	55.00					X		0	152,976.	16,247.
(24) LYNETTE A SAPPE WATKINS DIR DEVELOPMENT	55.00					X		0	120,163.	15,228.
(25) EDWIN K ZECHMAN JR PRESIDENT / CEO CNMC	0						X	0	5,206,966.	173,866.
<b>1b Sub-total</b>								0	2,098,882.	306,510.
<b>c Total from continuation sheets to Part VII, Section A</b>								0	8,043,165.	411,224.
<b>d Total (add lines 1b and 1c)</b>								0	10,142,047.	717,734.

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

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 8		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **14**



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

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

## 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) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a	4,806.			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e	1,268,681.			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	7,009,577.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .					
	h	<b>Total.</b> Add lines 1a-1f . . . . .		8,283,064.			
<b>Program Service Revenue</b>	2a	INCOME FROM CERTIFICATIONS	Business Code	900099	1,193,207.	1,193,207.	
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .		1,193,207.			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		0		
4		Income from investment of tax-exempt bond proceeds . . . . .		0			
5		Royalties . . . . .		0			
6a		Gross rents . . . . .	(i) Real	458,612.			
b		Less: rental expenses . . . . .	(ii) Personal				
c		Rental income or (loss) . . . . .		458,612.			
d		<b>Net rental income or (loss)</b> . . . . .		458,612.			458,612.
7a		Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
b		Less: cost or other basis and sales expenses . . . . .	(ii) Other				
c		Gain or (loss) . . . . .					
d		<b>Net gain or (loss)</b> . . . . .		0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a				
b		Less: direct expenses . . . . .	b				
c		<b>Net income or (loss) from fundraising events</b> . . . . .		0			
9a		Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
b		Less: direct expenses . . . . .	b				
c		<b>Net income or (loss) from gaming activities</b> . . . . .		0			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less: cost of goods sold . . . . .	b				
c		<b>Net income or (loss) from sales of inventory</b> . . . . .		0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		0				
12	<b>Total revenue.</b> See instructions . . . . .		9,934,883.	1,193,207.		458,612.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	975,020.	975,020.		
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 . . . . .	944,274.	944,274.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	200,974.	155,974.	25,226.	19,774.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	2,944,839.	2,409,491.	239,960.	295,388.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	88,763.	69,933.	11,991.	6,839.
9 Other employee benefits . . . . .	86,707.	64,841.	8,291.	13,575.
10 Payroll taxes . . . . .	190,772.	155,782.	15,121.	19,869.
11 Fees for services (non-employees):				
a Management . . . . .	54,000.	22,680.	21,600.	9,720.
b Legal . . . . .	112,934.	49,408.	44,221.	19,305.
c Accounting . . . . .	0			
d Lobbying . . . . .	13,594.	13,594.		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	2,119,769.	1,989,443.	51,749.	78,577.
12 Advertising and promotion . . . . .	100,797.	98,798.		1,999.
13 Office expenses . . . . .	862,312.	783,984.	62,863.	15,465.
14 Information technology . . . . .	241,952.	164,803.	74,360.	2,789.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,022,556.	524,774.	318,581.	179,201.
17 Travel . . . . .	295,842.	262,523.	10,140.	23,179.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	219,249.	213,693.	1,949.	3,607.
20 Interest . . . . .	60.		60.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	334,144.	272,019.	47,477.	14,648.
23 Insurance . . . . .	0			
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 SUBSCRIPTI	1,742,901.		1,742,901.	
b MEDIA SERVICES	328,681.	305,317.	11,568.	11,796.
c TRAINING/DUES AND SUBSCRIPTI	33,238.	24,654.	1,679.	6,905.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,913,378.	9,501,005.	2,689,737.	722,636.
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) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	691,000.	1	548,614.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	674,266.	3	386,598.
	4 Accounts receivable, net	31,571.	4	35,404.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	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	148,689.	9	181,447.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,222,417.		
	b Less: accumulated depreciation	10b 910,728.	10c	311,689.
	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	0
	15 Other assets. See Part IV, line 11	6,024,704.	15	4,798,139.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,216,063.	16	6,261,891.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	637,668.	17	358,016.
	18 Grants payable	0	18	0
	19 Deferred revenue	354,548.	19	393,029.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	1,506,387.	25	2,771,881.
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,498,603.	26	3,522,926.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-344,744.	27	-2,121,674.
	28 Temporarily restricted net assets	6,062,204.	28	4,860,639.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, 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 <b>Total net assets or fund balances</b>	5,717,460.	33	2,738,965.
	34 <b>Total liabilities and net assets/fund balances.</b>	8,216,063.	34	6,261,891.

Form 990 (2011)

**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	9,934,883.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	12,913,378.
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-2,978,495.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	5,717,460.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	2,738,965.

**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 _____ 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? . . . . .		X
b Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2011)

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

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

**2011**

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)(vii). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2011. 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 . . . . .	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2010. 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 . . . . .	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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).ATTACHMENT 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
CHILDREN'S HOSPITAL	53-0196580	03		X	X		X		0
TOTAL AMOUNT OF SUPPORT									

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

**If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part 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 organization <b>SAFE KIDS WORLDWIDE</b>	Employer identification number <b>52-1627574</b>
--	---

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2011

**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 (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

**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
<b>1</b> 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:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		400.
<b>e</b> Publications, or published or broadcast statements?	X		600.
<b>f</b> Grants to other organizations for lobbying purposes?	X		8,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4,594.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			13,594.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## VOLUNTEERS

SCHEDULE C, PART II-B, LINE 1A

SAFE KIDS COALITIONS VOLUNTEER TO INFLUENCE LEGISLATION TO INCLUDE STATE REQUIREMENTS FOR CARBON MONOXIDE IN THE HOME, CHILD PASSENGER SAFETY, BIKE HELMET 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 IN ISSUES INCLUDING REQUIREMENTS FOR CARBON MONOXIDE IN THE HOME, CHILD PASSENGER SAFETY, BIKE HELMET LAWS AND CONCUSSION PREVENTION LAWS.

## MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC

SCHEDULE C, PART II-B, LINE 1D

SAFE KIDS PRODUCED AND MAILED DOCUMENTS TO NEW MEMBERS OF CONGRESS DETAILING OUR POSITIONS ON POLICY MATTERS IMPORTANT TO CHILD SAFETY.

## PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS

SCHEDULE C, PART II-B, LINE 1E

SAFE KIDS PRODUCED AND MAILED DOCUMENTS ON POLICY MATTERS IMPORTANT TO CHILD SAFETY TO BE DISTRIBUTED TO MEMBERS OF CONGRESS.

**Part IV** Supplemental Information (continued)

GRANT TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES

SCHEDULE C, PART II-B, LINE 1F

WE 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 LEVEL INCLUDING REQUIREMENTS FOR CARBON  
MONOXIDE IN THE HOME, CHILD PASSENGER SAFETY, BIKE HELMET LAWS AND  
CONCUSSION PREVENTION ISSUES.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

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

Employer identification number

SAFE KIDS WORLDWIDE

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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ -----

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ -----

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ -----

b Assets included in Form 990, Part X . . . . . ▶ \$ -----

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

Schedule D (Form 990) 2011

**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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c 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 . . . . .  
 (ii) related organizations . . . . .

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

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

4 Describe in Part XIV 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 . . . . .		229,555.	85,953.	143,602.
d Equipment . . . . .		864,548.	711,795.	152,753.
e Other . . . . .		128,314.	112,980.	15,334.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				311,689.

Schedule D (Form 990) 2011



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INV. IN ASSET OF AFFILIATE	4,798,139.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,798,139.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	2,771,881.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,771,881.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,934,883.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,913,378.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,978,495.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,978,495.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	10,010,242.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	75,359.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	75,359.
3	Subtract line 2e from line 1	3	9,934,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,934,883.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	12,988,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	75,359.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	75,359.
3	Subtract line 2e from line 1	3	12,913,378.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,913,378.

**Part XIV Supplemental Information**

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

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

FIN 48 FINANCIAL STATEMENT FOOTNOTE FROM CHILDREN'S NATIONAL MEDICAL CENTER (MEDICAL CENTER), OF WHICH SAFE KIDS WORLDWIDE IS A SUBSIDIARY, IS AS FOLLOWS:

THE MEDICAL CENTER IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. ON SUCH BASIS, THE EXEMPT ENTITIES WILL NOT INCUR ANY LIABILITY FOR FEDERAL INCOME TAXES, EXCEPT FOR POSSIBLE UNRELATED BUSINESS INCOME.

THE MEDICAL CENTER EVALUATES UNCERTAIN TAX POSITIONS USING A TWO-STEP APPROACH FOR RECOGNIZING AND MEASURING TAX BENEFITS TAKEN OR EXPECTED TO BE TAKEN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLOSURES REGARDING UNCERTAINTIES IN TAX POSITIONS. THERE WAS NO IMPACT ON THE MEDICAL CENTER'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2012 AND 2011.

**SCHEDULE F**  
**(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	1.	4.	GRANTMAKING	PEDESTRIAN/HOME SAFETY	611,274.
(2) NORTH AMERICA			GRANTMAKING	PEDESTRIAN/HOME SAFETY	123,000.
(3) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	PEDESTRIAN/HOME SAFETY	9,000.
(4) SOUTH AMERICA			GRANTMAKING	PEDESTRIAN/HOME SAFETY	63,000.
(5) SOUTH ASIA			GRANTMAKING	PEDESTRIAN/HOME SAFETY	138,000.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total.</b> . . . . .	1.	4.			944,274.
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>	1.	4.			944,274.

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

Schedule F (Form 990) 2011

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

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CHILD SAFETY	303,554.	WIRE			
(2)			SOUTH ASIA	CHILD SAFETY	138,000.	WIRE			
(3)			EAST ASIA/PACIFIC	CHILD SAFETY	90,220.	WIRE			
(4)			EAST ASIA/PACIFIC	CHILD SAFETY	90,400.	WIRE			
(5)			EAST ASIA/PACIFIC	CHILD SAFETY	84,050.	WIRE			
(6)			EAST ASIA/PACIFIC	CHILD SAFETY	43,050.	WIRE			
(7)			SOUTH AMERICA	CHILD SAFETY	63,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	CHILD SAFETY	9,000.	WIRE			
(9)			NORTH AMERICA	CHILD SAFETY	123,000.	WIRE			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ☐ 9.3 Enter total number of other organizations or entities ☐

Schedule F (Form 990) 2011

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

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

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). . . . . ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A). . . . . ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471). . . . . ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621). . . . . ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865). . . . . ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713). . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2011

**Part V Supplemental Information**

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

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



SCHEDULE I  
(Form 990)

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

2011

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 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. ☒ Yes ☐ No

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

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	SAFE KIDS CALIFORNIA STATE, C/O LIFT THE CH 4700 ROSEVILLE RD NORTH HIGHLANDS, CA 95660	68-0404790	PREVENTION CTR	12,000.	N/A	N/A	N/A	SAFETY INITIATIVES
(2)	SK ORANGE CNTY, C/O CHILDREN'S SAFETY VILL 910 FAIRVILLA ROAD ORLANDO, FL 32808	59-2898030	501(C)(3)	9,300.	N/A	N/A	N/A	SAFETY INITIATIVES
(3)	SAFE KIDS SEMINOLE COUNTY COALITION 150 BUSH BLVD SANFORD, FL 32773	59-1008196	FIRE DEPT	17,000.	N/A	N/A	N/A	SAFETY INITIATIVES
(4)	SAFE KIDS CLAYTON COUNTY 1117 BATTLECREEK RD JONESBORO, GA 30236	58-1108112	HEALTH DEPT	25,500.	N/A	N/A	N/A	SAFETY INITIATIVES
(5)	SAFE KIDS CHARLOTTE MECKLENBURG 441 BEAUMONT AVENUE CHARLOTTE, NC 28204	20-8141442	FIRE DEPT	5,500.	N/A	N/A	N/A	SAFETY INITIATIVES
(6)	SK CHATTANOOGA C/O TC THOMPSON CHILD HOS 910 BLACKFORD STREET CHATTANOOGA, TN 37403	58-1664027	501(C)(3)	27,800.	N/A	N/A	N/A	SAFETY INITIATIVES
(7)	SK CHICAGO C/O ANN & ROBERT LURIE CHILD HOS 2300 CHILDREN'S PLAZA CHICAGO, IL 60614	36-2170833	501(C)(3)	5,425.	N/A	N/A	N/A	SAFETY INITIATIVES
(8)	SK COBB COUNTY C/O WELLSTAR HEALTH 1650 CTY SVCS PKWY MARIETTA, GA 30008	58-1517015	501(C)(3)	6,300.	N/A	N/A	N/A	SAFETY INITIATIVES
(9)	SAFE KIDS COLUMBUS COUNTY, C/O SAFE KIDS GE 2100 COMER AVENUE COLUMBUS, GA 31904	58-1936575	501(C)(3)	9,500.	N/A	N/A	N/A	SAFETY INITIATIVES
(10)	SK WALTON COUNTY, C/O WALTON CNTY SHERIFF'S 1425 SOUTH MADISON AVE MONROE, GA 30655	58-6000902	SHERIFF'S OFFIC	8,500.	N/A	N/A	N/A	SAFETY INITIATIVES
(11)	SK DENVER METRO C/O CHILDRENS HOSP COLORADO 13123 E 16TH AVE AURORA, CO 80045	84-0166760	501(C)(3)	8,550.	N/A	N/A	N/A	SAFETY INITIATIVES
(12)	SK CENTR SHEWANDOAH VALLEY, C/O HARRISONBUR 101 N MAIN ST HARRISONBUR, VA 22802	54-6001343	FIRE DEPT	7,050.	N/A	N/A	N/A	SAFETY INITIATIVES

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

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

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

Schedule I (Form 990) (2011)

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**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

**2011**

Open to Public  
Inspection

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	SAFE KIDS GRAND FORKS C/O ALTRU HEALTH SYST 860 S COLUMBIA RD GRAND FORKS, ND 58201	45-0310462	501(C)(3)	13,300.		N/A	N/A	SAFETY INITIATIVES
(2)	SK GRTR CLEVELAND C/O RAINBOW BABIES AND CH 10524 EUCLID AVE CLEVELAND, OH 44106	34-1567805	501(C)(3)	8,550.		N/A	N/A	SAFETY INITIATIVES
(3)	SK GREATER DAYTON C/O CHILDRENS MED CTR OF 1 CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	6,800.		N/A	N/A	SAFETY INITIATIVES
(4)	SK CENTRAL VALLEY C/O CHILDREN'S HOSPITAL C 9300 VALLEY CHILDREN'S PL MADERA, CA 93636	94-1294954	501(C)(3)	25,500.		N/A	N/A	SAFETY INITIATIVES
(5)	SK CHELAN-DOUGLAS C/O DOUGLAS CNTY FIRE DEPT 377 N EASTMONT AVE EAST MENACHEE, WA 98802	32-0191242	FIRE DEPT	5,550.		N/A	N/A	SAFETY INITIATIVES
(6)	SK GREATER SACRAMENTO - MERCY SAN JUAN MED 6501 COYLE AVE CARNICHAEL, CA 95608	94-1196203	501(C)(3)	6,300.		N/A	N/A	SAFETY INITIATIVES
(7)	SK GREATER TOLEDO C/O TOLEDO CHILDRENS HOSP 2142 N. COVE BLVD TOLEDO, OH 43606	34-4428256	501(C)(3)	7,800.		N/A	N/A	CHILD SAFETY
(8)	SAFE KIDS KENTUCKY STATE 333 WALLER AVE LEXINGTON, KY 40504	61-6033693	HEALTH DEPT	27,000.		N/A	N/A	CHILD SAFETY
(9)	SAFE KIDS LINCOLN-LANCASTER 3140 N STREET LINCOLN, NE 68510	47-6006256	HEALTH DEPT	5,800.		N/A	N/A	CHILD SAFETY
(10)	SAFE KIDS CONNECTICUT C/O CT CHILDREN'S ME 282 WASHINGTON ST HARTFORD, CT 06106	06-0646755	501(C)(3)	9,100.		N/A	N/A	CHILD SAFETY
(11)	SK FAIRFIELD COUNTY C/O FAIRFIELD DEPT OF H 1587 GRANVILLE PIKE LANCASTER, OH 43130	31-6400066	HEALTH DEPT	30,000.		N/A	N/A	CHILD SAFETY
(12)	SAFE KIDS MACON COUNTY 1221 E CONDOT DECATUR, IL 62521	37-6001309	HEALTH DEPT	9,300.		N/A	N/A	GENERAL SUPPORT

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

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

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Schedule I (Form 990) (2011)

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**SCHEDULE I  
(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

SAFE KIDS WORLDWIDE

OMB No. 1545-0047

**2011**

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. ☒ Yes ☐ No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	SAFE KIDS MARICOPA COUNTY 4041 N CENTRAL AVE PHOENIX, AZ 85012	86-0761964	HEALTH DEPT	6,300.		N/A	N/A	CHILD SAFETY
(2)	SK GREATER BOSTON, C/O BOSTON PUBL HEALTH CO 1022 MASSACHUSETTS AVE BOSTON, MA 02118	04-3316655	HEALTH DEPT	5,500.		N/A	N/A	CHILD SAFETY
(3)	SAFE KIDS INDIANA ST. C/O AUTOMOTIVE SAFETY 1120 SOUTH DRIVE IND-ANAPOLIS, IN 46202	35-6001673	501(C)(3)	8,000.		N/A	N/A	CHILD SAFETY
(4)	SK MID-SOUTH C/O LE BONHEUR CHILDRENS MEDIC 850 POPLAR AVE MEMPHIS, TN 38105	62-1872938	501(C)(3)	5,800.		N/A	N/A	CHILD SAFETY
(5)	SK MID-TEXAS C/O SCOTT & WHITE TRAUMA CTR 2401 SOUTH 31ST ST TEMPLE, TX 76508	27-3513154	501(C)(3)	13,500.		N/A	N/A	CHILD SAFETY
(6)	SK MINNESOTA STATE C/O MINNESOTA SAFETY COU 474 CONCORDIA AVE ST. PAUL, MN 55103	41-0418405	501(C)(3)	6,100.		N/A	N/A	CHILD SAFETY
(7)	SK KANSAS STATE C/O KS DEPT OF HEALTH & EN 1000 SW JACKSON, SUITE 230 TOPEKA, KS 66612	48-1167349	HEALTH DEPT	6,000.		N/A	N/A	CHILD SAFETY
(8)	SK MAINE, C/O TALL PINE SAFETY RESOURCE CEN PO BOX 550 WINDHAM, ME 04062	27-3670236	501(C)(3)	7,050.		N/A	N/A	CHILD SAFETY
(9)	SAFE KIDS NORTH CAROLINA STATE/OSFM 1202 MAIL SERVICE CTR RALEIGH, NC 27699	56-1401519	FIRE DEPT	8,000.		N/A	N/A	CHILD SAFETY
(10)	SK NORTHEAST FLORIDA C/O WOLFSON CHILDRENS P O BOX 10806 PENSACOLA, FL 32524	59-0747311	501(C)(3)	6,300.		N/A	N/A	CHILD SAFETY
(11)	SK NEWTON/JASPER C/O THE ALLIANCE OF SOUTHW 2914 E 32ND ST, SUITE 102 JOPLIN, MO 64804	43-1801349	501(C)(3)	5,800.		N/A	N/A	CHILD SAFETY
(12)	SAFE KIDS PITT COUNTY C/O VIDANT MEDICAL CT 2100 STANTONSBURG RD GREENVILLE, NC 27835	56-0585243	501(C)(3)	9,550.		N/A	N/A	SAFETY INITIATIVES

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

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

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

Schedule I (Form 990) (2011)

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**SCHEDULE I  
(Form 990)**

**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

**2011**

**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 General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

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

Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	SAFE KIDS SALT LAKE COUNTY 788 EAST WOODLAKE LN MURRAY, UT 84107	87-6000316	HEALTH DEPT	24,800.		N/A	N/A	SAFETY INITIATIVES
(2)	SAFE KIDS SANTA CLARA CO./SAN MATEO CO. 725 WELCH RD PALO ALTO, CA 94304	77-0003859	501(C)(3)	27,300.		N/A	N/A	SAFETY INITIATIVES
(3)	SAFE KIDS SEATTLE C/O HARBORVIEW MEDICAL C RHC BOX # 359960 SEATTLE, WA 98104	91-1631806	501(C)(3)	32,550.		N/A	N/A	SAFETY INITIATIVES
(4)	SK SOUTHEASTERN PA C/O CHILDRENS HOSPITAL OF 1121 E CHSTNT AVE JEFFERSONVILLE, PA 19403	23-1352166	501(C)(3)	6,925.		N/A	N/A	SAFETY INITIATIVES
(5)	SK N. SHORE C/O MICHIGAN ST. UNIVERSITY EXT. 520 W FRONT ST, STE A	38-6004852	ST. UNIVERSITY	5,800.		N/A	N/A	SAFETY INITIATIVES
(6)	SK PEORIA ILLINOIS C/O SAINT FRANCIS MEDICA 530 NE GLEN OAK AVE PEORIA, IL 61637	37-0662569	501(C)(3)	28,500.		N/A	N/A	SAFETY INITIATIVES
(7)	SK TOOMBS CO C/O MEADOWS REGIONAL MED CTR 1 MEADOWS PARKWAY VIDALIA, GA 30475	58-2044503	501(C)(3)	7,300.		N/A	N/A	SAFETY INITIATIVES
(8)	SAFE KIDS PIERCE COUNTY, C/O WEST PIERCE CA 3631 DREXLER DR. W	94-3219934	501(C)(3)	5,800.		N/A	N/A	SAFETY INITIATIVES
(9)	SK WEST LOS ANGELES C/O CHILDRENS HOSPITAL 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	6,625.		N/A	N/A	SAFETY INITIATIVES
(10)	SK SOUTHEAST WISCONSIN C/O CHILDREN'S HOSP 620 S 76TH ST, STE 220 MILWAUKEE, WI 53214	39-1500074	501(C)(3)	27,800.		N/A	N/A	SAFETY INITIATIVES
(11)	SK SOUTHERN NJ, C/O THE COOPER HEALTH SYSTE 1 COOPER PLZ CAMDEN, NJ 08103	22-2213715	501(C)(3)	8,300.		N/A	N/A	SAFETY INITIATIVES
(12)	SK TRIDENT AREA C/O MED UNIVERSITY OF SC 326 CALHOUN ST, RM 325 CHARLESTON, SC 29425	57-1098550	501(C)(3)	8,800.		N/A	N/A	SAFETY INITIATIVES

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

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

**Part I General Information on Grants and Assistance**

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

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

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	SAFE KIDS WAUSAU AREA, C/O ASPIRUS WAUSAU H 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	5,550.	N/A	N/A	N/A	SAFETY INITIATIVES
(2)	SAFE KIDS WISCONSIN ST. C/O CHILDREN'S HOSP 705 S 24TH AVE STE 400 WAUSAU, WI 54401	39-1500074	501(C)(3)	13,100.	N/A	N/A	N/A	SAFETY INITIATIVES
(3)	SK FAIRFAX COUNTY, C/O INOVA FAIRFAX HOSPITA 3300 GALLOWES ROAD FALLS CHURCH, VA 22042	54-0620889	501(C)(3)	5,675.	N/A	N/A	N/A	SAFETY INITIATIVES
(4)	SK THURSTON COUNTY, C/O CHILD CARE ACTION CO 3729 GRIFFIN LANE SE OLYMPIA, WA 98501	91-1373181	501(C)(3)	8,500.	N/A	N/A	N/A	SAFETY INITIATIVES
(5)	SK MADISON AREA, C/O AMERICAN FAMILY CHILDR 5105 UNIVERSITY AVE, MADISON, WI 53792	39-1835630	501(C)(3)	5,300.	N/A	N/A	N/A	SAFETY INITIATIVES
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 53.

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

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

Schedule I (Form 990) (2011)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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. AN ONLINE GRANT MANAGEMENT TOOL

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

IS IN PLACE FOR THE GRANTEES TO INPUT THEIR PROGRAM ACTIVITIES AND DETAIL

HOW THEY SPENT THEIR GRANT FUNDS ONCE THE GRANT PERIOD HAS ENDED. SAFE

KIDS EVALUATES THE INFORMATION FOR 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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

**Part I Questions Regarding Compensation**

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

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

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011



Schedule J (Form 990) 2011

Page 2

**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	(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	(iii) Other reportable compensation				
1 KURT D NEWMAN, MD	(i) 0 (ii) 639,687.	0 456,702.	0 41,387.	0 41,387.	0 220,761.	0 55,337.	0 1,413,874.	0 0
2 JACQUELINE BOWENS	(i) 0 (ii) 364,276.	0 290,068.	0 119,130.	0 119,130.	0 12,250.	0 16,326.	0 802,050.	0 0
3 RAYMOND S SCZUDLO	(i) 0 (ii) 447,425.	0 351,854.	0 251,287.	0 251,287.	0 12,250.	0 40,805.	0 1,103,621.	0 0
4 DOUGLAS MYERS	(i) 0 (ii) 431,230.	0 282,278.	0 8,341.	0 8,341.	0 76,740.	0 21,022.	0 819,611.	0 0
5 PATRICIA ADKINS	(i) 0 (ii) 175,326.	0 26,297.	0 2,827.	0 2,827.	0 6,069.	0 6,412.	0 216,931.	0 0
6 TORINE V CREPPY	(i) 0 (ii) 148,937.	0 31,386.	0 523.	0 523.	0 7,821.	0 12,332.	0 200,999.	0 0
7 MOIRA DONAHUE	(i) 0 (ii) 128,318.	0 26,910.	0 358.	0 358.	0 6,351.	0 4,149.	0 166,086.	0 0
8 ANGELA MICKALIDE	(i) 0 (ii) 130,601.	0 21,365.	0 1,010.	0 1,010.	0 6,390.	0 9,857.	0 169,223.	0 0
9 EDWIN K ZECHMAN JR	(i) 0 (ii) 482,614.	0 0	0 4,724,352.	0 4,724,352.	0 110,467.	0 63,399.	0 5,380,832.	0 0
10 MEREDITH K APPY	(i) 0 (ii) 215,632.	0 32,002.	0 2,129.	0 2,129.	0 7,386.	0 4,546.	0 261,695.	0 0
11	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
12	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
13	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
14	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
15	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
16	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0

Schedule J (Form 990) 2011

**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.

**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 CALENDAR YEAR 2011, THE ORGANIZATION TRANSITIONED ITS KEY LEADERSHIP POSITION FROM MR. EDWIN ZECHMAN, WHO HAD SERVED CHILDREN'S NATIONAL MEDICAL CENTER AS CEO FOR 16 YEARS, TO A NEW CEO. AS PART OF HIS CONTRACT, MR. ZECHMAN WAS PAID ADDITIONAL COMPENSATION AT THE CLOSE OF HIS TENURE.

THE ORGANIZATION'S BOARD HAS AND MAINTAINS A PREVIOUSLY ESTABLISHED PROCESS FOR DETERMINING THE REASONABLENESS OF THE EXECUTIVE COMPENSATION OF THE ORGANIZATION'S CEO. AS PART OF ITS TYPICAL PROCESS, THE EXECUTIVE

**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.

COMPENSATION COMMITTEE OF THE BOARD OBTAINS THE SERVICES OF AN INDEPENDENT, THIRD-PARTY COMPENSATION SPECIALIST. THAT SPECIALIST RELIES ON COMPARABILITY DATA TO ESTABLISH A RANGE OF WHAT IS "REASONABLE" COMPENSATION FOR THE CEO'S POSITION IN THE CURRENT MARKET. THE COMPENSATION SPECIALIST PRESENTS ITS FINDINGS TO THE BOARD VIA A WRITTEN REPORT. THE EXECUTIVE COMPENSATION COMMITTEE, COMPRISED OF MEMBERS INDEPENDENT TO THE TRANSACTIONS AT HAND, DISCUSS THE CONTENTS OF THE REPORT AND, USING THAT REPORT, DETERMINE WHAT COMPENSATION SHOULD BE PAID TO THE CEO. THIS PROCESS OF DETERMINING THE REASONABLE COMPENSATION IS RECORDED IN CONTEMPORANEOUS WRITTEN MINUTES OF THE COMMITTEE MEETING.

AS AN EXTENSION OF THIS PROCESS, THE BOARD DETERMINED THAT IT WAS REASONABLE TO PROVIDE MR. ZECHMAN THE COMPENSATION WHICH IS REPORTED ON FORM 990, PART VII AND FURTHER DETAILED ON SCHEDULE J. THE COMPENSATION REPORTED HERE REPRESENTS COMPENSATION WHICH WAS PAID TO MR. ZECHMAN IN 2011.

**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.

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

## SCHEDULE J, PART I, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED SUPPLEMENTAL

RETIREMENT PLAN. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART

OF DEFERRED COMPENSATION:

KURT D NEWMAN, MD - \$208,511

DOUGLAS MYERS - \$64,490

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

MEMBERS OR STOCKHOLDERS

FORM 990, 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.

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 REVIEWS THE FINANCIAL  
DISCLOSURES, THE NOMINATING AND GOVERNANCE COMMITTEE REVIEWS THE  
GOVERNANCE SECTIONS AND THE PUBLIC BENEFIT SECTIONS, AND THE EXECUTIVE  
COMPENSATION COMMITTEE REVIEWS THE COMPENSATION DISCLOSURES. THE  
COMPLETED FORM 990 IS THEN MADE AVAILABLE TO THE ENTIRE GOVERNING BOARD  
OF SAFE KIDS WORLDWIDE BEFORE FILING.

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

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

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.

## 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 WISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.

## PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A AND 15B

SAFE KIDS WORLDWIDE ("SKW") RELIES ON ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER, TO DETERMINE COMPENSATION FOR SKWW'S PRESIDENT AND CEO. CHILDREN'S NATIONAL MEDICAL CENTER USED A COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

## 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 UPON REQUEST.

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

## OTHER EXPENSES

PART IX, LINE 24C

IN THE STATEMENT OF FUNCTIONAL EXPENSES, OVERHEAD EXPENSE OF \$1,742,901 IS IDENTIFIED UNDER THE MANAGEMENT AND GENERAL EXPENSE COLUMN. THIS ACCRUED EXPENSE REPRESENTS AN OVERHEAD ALLOCATION OF SERVICES PROVIDED BY ITS SUPPORTED ORGANIZATION, CHILDREN'S HOSPITAL, DURING THE FISCAL YEAR ENDED JUNE 30, 2012. AT THE END OF FY12, THE HOSPITAL FORGAVE THIS INTERCOMPANY PAYABLE AND THERE IS NO FUTURE OBLIGATION FOR SAFE KIDS TO REPAY THIS MONEY.

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

SAFE KIDS WORLDWIDE IS A GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF CHILDREN. MORE THAN 600 COALITIONS IN THE US AND PARTNERS IN 23 COUNTRIES BRING TOGETHER HEALTH AND SAFETY EXPERTS, EDUCATORS, CORPORATIONS, FOUNDATIONS, GOVERNMENTS AND VOLUNTEERS TO EDUCATE AND PROTECT FAMILIES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, 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

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

ATTACHMENT 2 (CONT'D)

PROGRAM IN SPRING 2000, SAFE KIDS WALK THIS WAY HAS SPANNED THE GLOBE TO REACH FAMILIES IN 10 COUNTRIES INCLUDING THE UNITED STATES.

IN THE UNITED STATES, SAFE KIDS AND FEDEX HAVE REACHED OVER 2.7 MILLION PEOPLE THROUGH PROGRAM ACTIVITIES. EACH YEAR, SAFE KIDS WALK THIS WAY HOSTS INTERNATIONAL WALK TO SCHOOL DAY EVENTS WHICH INCLUDE LARGE GROUP WALKS AND EDUCATIONAL ASSEMBLIES IN SCHOOLS TO CREATE AWARENESS OF LOCAL SAFETY ISSUES. AMONG THE MANY COMPONENTS OF THE PROGRAM, SAFE KIDS LEADS YEAR-ROUND SCHOOL SAFETY COMMITTEES TO IMPROVE PEDESTRIAN ENVIRONMENTS FOR STUDENTS, 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 TO FORM TASK FORCES WITH CITY LEADERS, TRAFFIC ENGINEERS AND METROPOLITAN PLANNING ORGANIZATIONS TO MAKE INFRASTRUCTURE AND ENVIRONMENTAL MODIFICATIONS WHICH IMPROVE SAFETY FOR CHILD PEDESTRIANS AT HIGH-RISK LOCATIONS.

SAFE KIDS WALK THIS WAY IS A MULTIFACETED PROGRAM THAT INVOLVES HIGH-VISIBILITY COMMUNITY AND SCHOOL BASED EVENTS, RESEARCH ON RISKS TO PEDESTRIANS, AND PARTNERSHIPS AND TASKFORCES THAT ENGAGE LOCAL PEDESTRIAN SAFETY STAKEHOLDERS TO MAKE IMPROVEMENTS TO



Name of the organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
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ATTACHMENT 2 (CONT'D)

WALKING ENVIRONMENTS. IN 2012, 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.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, 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 THE CUB SCOUT AUTOMOTIVE SAFETY PATCH PROGRAM, SAFEST GENERATION, AND OUR COUNTDOWN2DRIVE TEEN PRE-DRIVER PROGRAM.

SAFE KIDS BUCKLE UP PROVIDES GRANTS TO SAFE KIDS COALITIONS TO

Name of the organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
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ATTACHMENT 3 (CONT'D)

CONDUCT SAFETY PROGRAMS AT THE LOCAL LEVEL. THESE NETWORKS OF GRASSROOTS VOLUNTEERS INCLUDE NATIONALLY CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS, TRANSPORTATION SAFETY EXPERTS, PUBLIC OFFICIALS, POLICE OFFICERS, NURSES, PUBLIC HEALTH EXPERTS AND GENERAL MOTORS DEALERSHIPS.

SINCE THE PROGRAM'S INCEPTION, MORE THAN 22 MILLION PEOPLE HAVE BEEN EXPOSED TO SAFE KIDS BUCKLE UP EVENTS AND COMMUNITY OUTREACH EFFORTS. CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS WORKING THROUGH SAFE KIDS COALITIONS HAVE EXAMINED OVER 1.58 MILLION CHILD SAFETY SEATS AT 83,000 EVENTS AND THE PROGRAM HAS DONATED MORE THAN 565,832 SEATS TO FAMILIES IN NEED.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, 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 120,000 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

Name of the organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
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ATTACHMENT 4 (CONT'D)

SYSTEMS AND SAFETY BELTS.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CPSC GRANT PROGRAMS	151,500.	654,916.	
HOME SAFETY COUNCIL PROGRAMS	0	643,362.	
SPORTS SAFETY PROGRAM	117,000.	494,019.	
FEMA GRANT PROGRAM	7,300.	428,412.	
SAFE KIDS INTERNATIONAL OPERATIONS	145,601.	376,390.	
SAFE KIDS LEADERSHIP CONFERENCE	8,020.	243,612.	
NATIONAL HIGHWAY SAFE TRANSPORTATION PROGRAM	0	185,352.	
OTHER PROGRAM SERVICE ACTIVITIES	36,300.	2,096,004.	
TOTALS	<u>465,721.</u>	<u>5,122,067.</u>	

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

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,

ATTACHMENT 7FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
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Name of the organization	Employer identification number
SAFE KIDS WORLDWIDE	52-1627574
ATTACHMENT 7 (CONT'D)	

DOUGLAS MYERS  
EVP & CHIEF FINANCIAL OFFICER 54.00

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ATTACHMENT 8

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990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
1301 ASSOCIATES C/O QDC PROPERTY MGMT 1001 G STREET, NW #700W WASHINGTON, DC 20001	LEASING PROPERTY	622,710.
PROFESSIONAL EXAMINATION SERVICES 475 RIVERSIDE DRIVE NEW YORK, NY 10115	SAFETY TRAININGS	474,645.
ONE2ONE COMMUNICATIONS LLC 50 WEST 77TH STREET #4E NEW YORK, NY 10024	PRINTING/MAILINGS	277,699.
THE BADER GROUP LLC 325 EAST 64TH STREET SUITE 613 NEW YORK, NY 10021	MEDIA PRODUCTION	230,919.
IPERS EYE STREET NW - DC INC 1250 EYE STREET SUITE 801 WASHINGTON, DC 20005	LEASING PROPERTY	214,453.
TOTAL COMPENSATION		<u>1,820,426.</u>

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHILDREN'S HOSPITAL FOUNDATION 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010 52-1640402	FUNDRAISING	DC	501 (C) (3)	07	CNMC		X
(2) CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010 52-1640403	HEALTH CARE	DC	501 (C) (3)	11B, II	N/A		X
(3) CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20004 52-1654453	RESEARCH	DC	501 (C) (3)	09	CNMC		X
(4) CHILDREN'S HOSPITAL SELF-INSURANCE TRUST 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010 52-1640399	INSURANCE	DC	501 (C) (3)	11C, III-FI	CNMC		X
(5) CHILDREN'S HOSPITAL 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010 53-0196580	HEALTH CARE	DC	501 (C) (3)	03	CNMC		X
(6) BRAINY CAMPS ASSOCIATION 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010 27-1547370	CHILD CAMPS	DC	501 (C) (3)	11A, I	CH		X
(7) CHILDREN'S NAT'L ADVOC. & PUBLIC POLICY 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010 27-1564354	ADVOCACY	DC	501 (C) (3)	11B, II	CNMC		X

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

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Schedule R (Form 990) 2011

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHILDREN'S PEDIATRICIANS ASSOC 111 MICHIGAN AVENUE, NW	HEALTH CARE	DC	N/A	N/A	0	0		X	0			X
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHILDREN'S NATIONAL HEALTH NETWORK 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	HEALTH CARE	DC	N/A	C CORP	0	0	0
(2) SAFE KIDS WORLDWIDE LTD PO BOX 916 ROAD TOWN TORTOLA, VQ	INJURY PREVEN	VQ	N/A	C CORP	0	0	0
(3) BEARACUDA RE PO BOX 69 KY1-1102 GRANDCAYMAN, CJ	REINSURANCE	CJ	N/A	C CORP	0	0	0
(4) BEAR CUB REINSURANCE LTD PO BOX 69 KY1-1102 GRANDCAYMAN, CJ	REINSURANCE	CJ	N/A	C CORP	0	0	0
(5) -----							
(6) -----							
(7) -----							

Schedule R (Form 990) 2011

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV 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?

	Yes	No
a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity . . . . .		X
b Gift, grant, or capital contribution to related organization(s) . . . . .		X
c Gift, grant, or capital contribution from related organization(s) . . . . .		X
d Loans or loan guarantees to or for related organization(s) . . . . .		X
e Loans or loan guarantees by related organization(s) . . . . .		X
f Sale of assets to related organization(s) . . . . .		X
g Purchase of assets from related organization(s) . . . . .		X
h Exchange of assets with related organization(s) . . . . .		X
i Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
j Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
k Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
l Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
n Sharing of paid employees with related organization(s) . . . . .		X
o Reimbursement paid to related organization(s) for expenses . . . . .		X
p Reimbursement paid by related organization(s) for expenses . . . . .		X
q Other transfer of cash or property to related organization(s) . . . . .		X
r Other transfer of cash or property from related organization(s) . . . . .		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
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(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													



**Part VII** **Supplemental Information**

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

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