

Return of Organization Exempt From Income Tax

2006

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 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFE KIDS WORLDWIDE	D Employer identification number 52-1627574
	Please use IRS label or print or type. See Specific Instructions. E Telephone number (202) 662-0600	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	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	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.SAFEKIDS.ORG

J Organization type (check only one) 501(c)(3) (Insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number N/A

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 12,687,336.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	12,229,945.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ <u>12,229,945.</u> noncash \$)	1e	12,229,945.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	142,908.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	309,954.	8a		
	Less: cost or other basis and sales expenses	8b		
	309,954.	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	309,954.		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11	4,529.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	12,687,336.		
Expenses	13 Program services (from line 44, column (B))	13	12,499,832.	
	14 Management and general (from line 44, column (C))	14	NONE	
	15 Fundraising (from line 44, column (D))	15	NONE	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	12,499,832.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	187,504.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	16,106,067.	
	20 Other changes in net assets or fund balances (attach explanation)	20	-3,381,152.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	12,912,419.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	NONE			
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,594,752.	3,594,752.	NONE	NONE
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	429,188.	429,188.	NONE	NONE
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	94,016.	94,016.	NONE	NONE
33 Supplies	181,122.	181,122.	NONE	NONE
34 Telephone	135,577.	135,577.	NONE	NONE
35 Postage and shipping	297,463.	297,463.	NONE	NONE
36 Occupancy				
37 Equipment rental and maintenance	11,588.	11,588.	NONE	NONE
38 Printing and publications	570,171.	570,171.	NONE	NONE
39 Travel	495,821.	495,821.	NONE	NONE
40 Conferences, conventions, and meetings	395,915.	395,915.	NONE	NONE
41 Interest	5,730.	5,730.	NONE	NONE
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a STMT 8	6,288,489.	6,288,489.	NONE	NONE
b -----				
c -----				
d -----				
e -----				
f -----				
g -----				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	12,499,832.	12,499,832.	NONE	NONE

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? SEE STATEMENT 9</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a SEE STATEMENTS 3-4</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>12,499,832.</p>
<p>b</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses(should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>12,499,832.</p>

Part IV Balance Sheets (See the instructions.)

			(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45	Cash - non-interest-bearing	52,659	45	452,732	
	46	Savings and temporary cash investments		46		
	47a	Accounts receivable	58,243			
	b	Less: allowance for doubtful accounts		203,151	47c	58,243
	48a	Pledges receivable	6,348,333			
	b	Less: allowance for doubtful accounts	168,455	10,841,700	48c	6,179,878
	49	Grants receivable	106,789	49	68,704	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use	210,182	52	234,619	
	53	Prepaid expenses and deferred charges	NONE	53	316,142	
	54a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54a	
	b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55a	Investments - land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach schedule)			55c	
	56	Investments - other (attach schedule) STMT. 10	3,821,501	56	NONE	
	57a	Land, buildings, and equipment basis	206,283			
	b	Less: accumulated depreciation (attach schedule)	120,204	123,566	57c	86,079
58	Other assets, including program-related investments (describe <input type="checkbox"/> STMT 11)	2,054,265	58	7,989,696		
59	Total assets (must equal line 74). Add lines 45 through 58	17,413,813	59	15,386,093		
Liabilities	60	Accounts payable and accrued expenses	801,697	60	1,891,207	
	61	Grants payable		61		
	62	Deferred revenue	482,586	62	545,119	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe <input type="checkbox"/> STMT 12)	23,463	65	37,348	
66	Total liabilities. Add lines 60 through 65	1,307,746	66	2,473,674		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	1,586,067	67	862,419	
	68	Temporarily restricted	14,520,000	68	12,050,000	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21))	16,106,067	73	12,912,419		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	17,413,813	74	15,386,093		

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85 a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
85 b			
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members		N/A
85 d	Section 162(e) lobbying and political expenditures		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A
86 a			
b	Gross receipts, included on line 12, for public use of club facilities		N/A
86 b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		N/A
87 a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
87 b			
88 b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88 b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
section 4911 <u>NONE</u> ; section 4912 <u>NONE</u> ; section 4955 <u>NONE</u>			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
89 c			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
89 d			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g			
90 a	List the states with which a copy of this return is filed		
90 a			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	44	
90 b			
91 a	The books are in care of <u>MANAGEMENT</u> Telephone no. <u>(202) 662-0610</u>		
Located at <u>1301 PENNSYLVANIA AVE NW WASHINGTON, DC</u> ZIP + 4 <u>20004</u>			
b	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)?		X
91 b			
If "Yes," enter the name of the foreign country _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | NONE

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 1: STMT 18

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		X

Please Sign Here

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.

▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00451522
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	KPMG LLP 2100 DOMINION TOWER NORFOLK, VA 23510-3310		EIN ▶ 13-5565207 Phone no. ▶ 757-616-7000

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 2				
Total number of other employees paid over \$50,000 . . . ▶		NONE		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 2		
Total number of others receiving over \$50,000 for professional services . . . ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 2		
Total number of other contractors receiving over \$50,000 for other services . . . ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities? STMT. 19	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM. 990. PART. V. . .	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT. 20	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counselling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
CHILDREN'S HOSPITAL	53-0196580	07	X		12,499,832.
Total					12,499,832.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE

(2005) (2004) (2003) (2002) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) (2004) (2003) (2002)

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - if the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public	X		
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 21**

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

COMPENSATION

FORM 990 PART II, LINE 25-29; PART V, AND PART VI LINE 90B
=====

EMPLOYEES AND OFFICERS OF ANY OF THE CHILDREN'S NATIONAL MEDICAL CENTER SYSTEM ENTITIES ARE PAID THROUGH A COMMON PAYMASTER, CHILDREN'S HOSPITAL (EIN: 53-0196580). THE TOTAL NUMBER OF EMPLOYEES IN THE CHILDREN'S NATIONAL MEDICAL CENTER SYSTEM IS REPORTED ON THE CHILDREN'S HOSPITAL RETURN.

THE EMPLOYEES REPORTED ON PART VI LINE 90B SPEND MOST OF THEIR TIME WORKING ON SAFE KIDS WORLDWIDE ACTIVITIES BUT ARE EMPLOYEES OF CHILDREN'S HOSPITAL.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

HIGHEST PAID

FORM 990, SCHEDULE A

PART I - COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES EMPLOYEES OF ANY OF THE CHILDREN'S NATIONAL MEDICAL CENTER SYSTEM ENTITIES ARE PAID THROUGH A COMMON PAYMASTER, CHILDREN'S HOSPITAL. FOR A LIST OF THE FIVE HIGHEST PAID EEMPLOYEES IN THE CHILDREN'S NATIONAL MEDICAL CENTER SYSTEM, SEE FORM 990, SCHEDULE A, PART I OF THE CHILDREN'S HOSPITAL TAX RETURN (EIN: 53-0196580) .

PART II A - COMPENSATION OF FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES

VENDOR PAYMENTS FOR ANY OF THE CHILDREN'S NATIONAL MEDICAL CENTER SYSTEM ENTITIES ARE MADE THROUGH A COMMON PAYMASTER, CHILDREN'S HOSPITAL. FOR A LIST OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES FOR THE CIHLDREN'S NATIONAL MEDICAL CENTER SYSTEM, SEE FORM 990, SCHEDULE A, PART II A OF CHILDRENS' HOSPITAL RETURN (EIN: 53-0196580) .

PART II B - COMPENSATION OF FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR OTHER SERVICES

VENDOR PAYMENTS FOR ANY OF THE CHILDREN'S NATIONAL MEDICAL CENTER SYSTEM ENTITIES ARE MADE THROUGH A COMMON PAYMASTER, CHILDREN'S HOSPITAL. FOR A LIST OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR OTHER SERVICES FOR THE CIHLDREN'S NATIONAL MEDICAL CENTER SYSTEM, SEE FORM 990, SCHEDULE A, PART II B OF CHILDRENS' HOSPITAL RETURN (EIN: 53-0196580) .

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III - STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS

SAFE KIDS WORLDWIDE IS A GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF CHILDREN 14 AND UNDER. MORE THAN 450 COALITIONS IN 16 COUNTRIES BRING TOGETHER HEALTH AND SAFETY EXPERTS, EDUCATORS, CORPORATIONS, FOUNDATIONS, GOVERNMENTS AND VOLUNTEERS TO EDUCATE AND PROTECT FAMILIES.

SAFE KIDS WORLDWIDE WAS FOUNDED IN 1987 AS THE NATIONAL SAFE KIDS CAMPAIGN BY CHILDREN'S NATIONAL MEDICAL CENTER WITH SUPPORT FROM JOHNSON & JOHNSON. THERE IS NO ONE DEVICE OR SOLUTION TO PREVENT EFFECTIVELY ALL TYPES OF ACCIDENTAL CHILDHOOD INJURIES. INSTEAD, SAFE KIDS COMBINES SEVERAL FACTORS TO CREATE PROGRAMS THAT REDUCE INJURIES:

THE MEMBERS OF SAFE KIDS WORLDWIDE:

- EMPOWER LOCAL COMMUNITIES TO PREVENT ACCIDENTAL INJURIES BY BUILDING GRASSROOTS COALITIONS.
- GENERATE NATIONAL AWARENESS OF THE BURDEN OF ACCIDENTAL INJURIES.
- ENCOURAGE SOUND RESEARCH ON LEADING INJURY RISKS AND CRITICALLY EVALUATE SOLUTIONS.
- PASS AND IMPROVE CHILD SAFETY LAWS AND REGULATIONS.
- PROVIDE LIFESAVING DEVICES SUCH AS CHILD SAFETY SEATS, HELMETS AND SMOKE ALARMS TO FAMILIES WHO NEED THEM.
- PROMOTE GLOBAL CORPORATE LEADERSHIP IN CHILD SAFETY THROUGH EFFECTIVE AND SUSTAINABLE PARTNERSHIPS.

ALTHOUGH INJURY IS A THREAT TO CHILDREN EVERYWHERE, SIGNIFICANT PROGRESS HAS BEEN MADE TO REDUCE THE RISKS. THIS PROGRESS MUST CONTINUE, AND THE LESSONS LEARNED FROM YEARS OF INJURY PREVENTION WORK MUST BE ADAPTED TO HELP CREATE A SAFETY CULTURE IN EVERY COUNTRY WHERE IT IS SORELY LACKING.

SAFE KIDS WORLDWIDE IS UNIQUE IN OUR ABILITY TO COMMUNICATE PREVENTION MESSAGES DIRECTLY TO KIDS AND THEIR FAMILIES THROUGH OUR COMPREHENSIVE PROGRAMS.

SAFE KIDS AT HOME - HOME SAFETY
 SAFE KIDS BUCKLE UP - CHILD PASSENGER SAFETY
 SAFE KIDS FIRE - FIRE SAFETY
 SAFE KIDS READY TO ROLL - BIKE SAFETY
 SAFE KIDS WALK THIS WAY - PEDESTRIAN SAFETY
 SAFE KIDS WEEK - HIGHLIGHTS A DIFFERENT SAFETY AREA EVERY YEAR
 CPS CERTIFICATION - NATIONAL CERTIFICATION OF CHILD PASSENGER SAFETY

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

TECHNICIANS AND INSTRUCTORS

THESE PROGRAMS, INVOLVING MEDIA EVENTS, DEVICE DISTRIBUTION AND HANDS-ON EDUCATIONAL ACTIVITIES FOR KIDS AND THEIR FAMILIES, AIM TO GET COMMUNITIES ACROSS THE COUNTRY MORE INVOLVED IN THE SAFETY OF THEIR CHILDREN.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FIXED ASSET DETAIL

FORM 990, PART IV, LINES 57A & 57B

FURNITURE & FIXTURES	\$ 62,688
AUTOMOBILES & TRUCKS	143,596

	206,283
LESS: ACCUMULATED DEPRECIATION	120,204

NET FIXED ASSETS	\$ 86,079
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

17,611.

TOTAL

17,611.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

OTHER DECREASE

3,398,763.

TOTAL

3,398,763.

=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL SVCS & CONSULTING	3,693,373.	3,693,373.	NONE	NONE
RECRUITMENT	563,336.	563,336.	NONE	NONE
OFFICE SUPPLIES/EQUIPMENT	164,447.	164,447.	NONE	NONE
LEASE	365,031.	365,031.	NONE	NONE
P.S. PARKING	125.	125.	NONE	NONE
CATERING	3,713.	3,713.	NONE	NONE
ADVERTISING	59,345.	59,345.	NONE	NONE
OVERHEAD	83,922.	83,922.	NONE	NONE
LICENSES AND TAXES	4,718.	4,718.	NONE	NONE
SPECIAL PURPOSE FUND	1,247,171.	1,247,171.	NONE	NONE
OTHER MISCELLANEOUS	103,308.	103,308.	NONE	NONE
TOTALS	6,288,489.	6,288,489.	NONE	NONE

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

PROTECTING CHILDREN FROM UNINTENTIONAL INJURY

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
LT INVESTMENTS	3,821,501.	NONE
TOTALS	3,821,501.	NONE
	=====	=====

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE FROM AFFILIATES, NET	2,054,265.	7,989,696.
TOTALS	<u>2,054,265.</u>	<u>7,989,696.</u>

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CAPITAL LEASE OBLIGATION	23,463.	37,348.
TOTALS	----- 23,463. -----	----- 37,348. -----

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EDWARC K ZECHMAN 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	PRESIDENT & CEO 1.00	NONE	NONE	NONE
JODY BURDELL 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	VICE PRESIDENT/COO 1.00	NONE	NONE	NONE
GARY MANION 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	VICE PRESIDENT/CFO 1.00	NONE	NONE	NONE
RAYMOND SCZUDLO 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	VP/CHIEF LEGAL OFFICER 1.00	NONE	NONE	NONE
MARTIN EICHELEBERGER MD 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	PRESIDENT, SAFEKIDS WORLDWIDE 33.00	NONE	NONE	NONE
JACQUELINE BOWENS 111 MICHIGAN AVE., N.W. WASHINGTON, DC 20010	VP GOVERNMENT AFFAIRS 1.00	NONE	NONE	NONE
PATRICK NICHOLS 111 MICHIGAN AVE., N.W. WASHINGTON, DC 20010	INT. COO/CONSULTANT SAFEKIDS 40.00	NONE	NONE	NONE
NORMAN A BARKER 111 MICHIGAN AVE., N.W. WASHINGTON, DC 20010	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN CLASTER 111 MICHIGAN AVE., N.W. WASHINGTON, DC 20010	BOARD MEMBER 1.00	NONE	NONE	NONE
DIANA L GOLDBERG 111 MICHIGAN AVE., N.W. WASHINGTON, DC 20010	CHAIRMAN 2.00	NONE	NONE	NONE
SALLY LEE 111 MICHIGAN AVE., N.W. WASHINGTON, DC 20010	BOARD MEMBER 1.00	NONE	NONE	NONE
WHAYNE S QUIN 111 MICHIGAN AVE., N.W. WASHINGTON, DC 20010	BOARD MEMBER 1.00	NONE	NONE	NONE
GENE S SACHS 111 MICHIGAN AVE., N.W. WASHINGTON, DC 20010	VICE CHAIRMAN 2.00	NONE	NONE	NONE
MARSHA M SCARBROUGH 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	SECRETARY-TREASURER 2.00	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EDWARC K ZECHMAN CHILDREN'S HOSPITAL AFFILIATED HOSPITAL	53-0196580	2,139,259.	48,844.	32,329.
JODY BURDELL CHILDREN'S HOSPITAL AFFILIATED HOSPITAL	53-0196580	1,260,760.	36,719.	11,726.
GARY MANION CHILDREN'S HOSPITAL AFFILIATED HOSPITAL	53-0196580	1,017,437.	42,722.	NONE
RAYMOND SCZUDLO CHILDREN'S HOSPITAL AFFILIATED HOSPITAL	53-0196580	840,840.	40,116.	NONE
MARTIN EICHELBERGER MD CHILDREN'S HOSPITAL AFFILIATED HOSPITAL	53-0106580	457,167.	16,356.	NONE
JACQUELINE BOWENS CHILDREN'S HOSPITAL	53-0196580	746,309.	48,282.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
AFFILIATED HOSPITAL				

GRAND TOTALS		6,461,772.	233,039.	44,055.
--------------	--	------------	----------	---------

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
=====

RELATED ORGANIZATION NAME:	CHILDREN'S NATIONAL MEDICAL CENTER
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	CHILDREN'S HOSPITAL
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	CHILDREN'S HOSPITAL FOUNDATION
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	CHILDREN'S RESEARCH INSTITUTE
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	CHILDREN'S HOSPITAL SELF-INS TRUST
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	CHILDREN'S PEDIATRICIANS & ASSOC, LLC
EXEMPT:	NONEXEMPT: X
RELATED ORGANIZATION NAME:	CHILDREN'S NATIONAL HEALTH NETWORK
EXEMPT:	NONEXEMPT: X
RELATED ORGANIZATION NAME:	SAFE KIDS WORLDWIDE LTD (BRITISH VI)
EXEMPT:	NONEXEMPT: X
RELATED ORGANIZATION NAME:	BEARACUDA RE (CAYMEN ISLANDS)
EXEMPT:	NONEXEMPT: X
RELATED ORGANIZATION NAME:	BEAR CUB REINSURANCE LTD
EXEMPT:	NONEXEMPT: X

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	PROVIDES INFORMATION TO THE PUBLIC ON UNINTENTIONAL INJURY PREVENTION THROUGH PUBLICATIONS DESIGNED FOR CAREGIVERS AND CHILDREN; POSTERS; VIDEOS
93B	REGISTRATION FEES AND SALES OF BOOTH SPACE AT THE ANNUAL LEADERSHIP CONFERENCE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

WHAYNE QUIN, A NONCOMPENSATED MEMBER OF THE BOARD OF DIRECTORS OF SAFE KIDS WORLDWIDE, IS ASSOCIATED WITH THE LAW FIRM OF HOLLAND AND KNIGHT. CHILDREN'S NATIONAL MEDICAL CENTER RECEIVED \$59,554 IN LEGAL SERVICES FROM HOLLAND AND KNIGHT DURING THE YEAR.

MARSHA SCARBROUGH SITS ON THE SAFEKIDS WORLDWIDE BOARD AND IS AFFILIATED WITH MARRIOTT. CNMC PAID \$118,192 IN EXPENSE REIMBURSEMENTS RELATED TO MEALS AND LODGING AT MARRIOTT.

ALL TRANSACTIONS ARE CONDUCTED AT ARMS-LENGTH IN ACCORDANCE WITH CHILDREN'S NATIONAL MEDICAL CENTER CONFLICT OF INTEREST POLICY.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
=====

THE FOLOWING CRITERIA EXISTS FOR AN ORGANIZATION TO RECEIVE
A GRANT:

- 1.) MUST BE A SAFE KIDS COALITION, WITH VERY LIMITED EXCEPTIONS
- 2.) MUST BE IN COMPLIANCE WITH THE SAFE KIDS STANDARDS OF PERFORMANCE
- 3.) MUST MEET OR EXCEED APPLICATION CRITERIA TO RECEIVE FUNDING
- 4.) FUNDS MUST BE USED TO CONDUCT PROGRAMS GEARED TOWARD PROTECTING CHILDREN FROM DEATH DUE TO UNINTENTIONAL INJURY (EXAMPLES: CAR SEAT CHECK UP EVENTS, TRAINING INDIVIDUALS TO CONDUCT SUCH EVENTS, INSTALLING SMOKE DETECTORS, ETC.)

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION
=====

SAFE KIDS WORLDWIDE UTILIZED BOTH ITS NATIONAL PUBLIC POLICY DEPARTMENT STAFF AND SOME OF ITS COALITION NETWORK TO INFLUENCE STATE LEGISLATURE CHILD OCCUPANT PROTECTION LAWS AND BIKE HELMET USE LAWS. IN SUPPORT OF THESE EFFORTS WE IMPLEMENTED AN ADVOCACY GRANT PROGRAM DISTRIBUTED TO ELIGIBLE AND QUALIFIED U.S. SAFE KIDS COALITION OFFICES.