Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization For calendar year 2019, or liscal year beginning <u>JUL 1</u>, 2019, and ending <u>JUN 30</u> ► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

| 2019

DWIDE				
anization				

52-1627574

Employer identification number

2020

SAFE KIDS WORLDW Name and title of officer ALDWIN LINDSAY

ALDWIN .

CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,432,328.
	Form 990-EZ check here Final b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b D Total tax (Form 1120-POL, line 22)	3Ь	
4a	Form 990 PF check here b Tax based on investment income (Form 990 PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5h	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize GRANT THORNTON LLP	to enter my PIN	14234
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within th is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut enter my PIN on the return's disclosure consent screen.	his return that a (thorize the aforer	copy of the return nentioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char program, I will enter my PIN on the return's disclosure consent screen	electronically file titles as part of th	d return. If I have ne IRS Fed/State
Officer's signature	05 13 2	021
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 54681436605 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Mef e-file Providers for Business Returns.	organization ind) Information for	licated above. I Authorized IRS
ERO's signature Date Date Date Date	<u>)5/07/2</u> 02	21
ERO Must Retain This Form - See Instructions		
Do Not Submit This Form to the IRS Unless Requested To Do	So	
LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19	For	rm 8879-EO (2019)

08510507 153424 0165744.006

Form 990
Form JJU
(Rev. January 2020)
Department of the Treasury

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

B Check if applicable: C Name of organization D Employer identification number SAFE KIDS WORLDWIDE SAFE KIDS WORLDWIDE 52-1627574 Initial Doing business as 52-1627574 Initial Room/suite E Tetum 1255 23RD STREET, NW 400 City or town, state or province, country, and ZIP or foreign postal code G cross receipts \$ 5,784,400 MARINOTON, DC 20037 H(a) Is this a group retum Tetum F Name and address of principal officer: KURT DOUGLAS NEWMAN, MD SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: WWW. SAFEKIDS. ORG H(c) Group exemption number K K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1990 M State of legal domicile: DO Part I Summary 1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL NONPROFIT ORGANIZATION DEDICATED TO PREVENTING CHILDHOOD INJURIES. 2 Check this box ▶ if the organization discontinued is operations or dispo
Change SAFE KIDS WORLDWIDE Ooing business as 52-1627574 Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite Final 1255 23RD STREET, NW 400 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 5,784,400 Amended WASHINGTON, DC 20037 H(a) Is this a group return for subordinates? Amended F Name and address of principal officer: KURT DOUGLAS NEWMAN, MD sAME AS C ABOVE H(b) Are all subordinates? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.SAFEKIDS.ORG H(c) Group exemption number Yes Number K Form of organization: X Corporation Trust Association Other L L Year of formation: 1990 M State of legal domicile: DO Part I Summary 1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL
Initial return Doing business as 52-162/1374 Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Final return 1255 23RD STREET, NW 400 202-662-0600 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 5,784,400 Amended return F Name and address of principal officer: KURT DOUGLAS NEWMAN, MD for subordinates? SAME AS C ABOVE H(a) Is this a group return I Tax-exempt status: \$ 501(c)(3) 501(c) () J Website: WWW.SAFEKIDS.ORG K Form of organization: \$ Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile: DO Part I Summary 1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL
Image: Preturn attemption Number and street (or P.0. box if mail is not delivered to street address) Room/suite 400 E Telephone number 202-662-0600 Image: Preturn attemption 1255 23RD STREET, NW 202-662-0600 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 5,784,400 Amended WASHINGTON, DC 20037 H(a) Is this a group return for subordinates? Image: Preturn attemption Applica- preding F Name and address of principal officer: KURT DOUGLAS NEWMAN, MD SAME AS C ABOVE H(a) Is this a group return for subordinates? Image: Preturn attemption I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.SAFEKIDS.ORG H(c) Group exemption number M State of legal domicile: DO Part I Summary 1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL
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ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 5,784,400 Amended MASHINGTON, DC 20037 H(a) Is this a group return Applica- pending F Name and address of principal officer: KURT DOUGLAS NEWMAN, MD for subordinates;
Image: Preturn depice product of the product of t
Image: pending pending pending same and address of principal officer; NoRT Decement with a pending same as c above Image: pending same and address of principal officer; NoRT Decement with a pending same and address of principal officer; NoRT Decement setup. I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW.SAFEKIDS.ORG If "No," attach a list. (see instructions) If (c) Group exemption number M K Form of organization: X Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile: Decement set of legal domicile: Decement set of legal domicile: Decement set of set of set of legal domicile: Decement set of set of legal domicile: Decement set of leg
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes No. J Website: ► WWW.SAFEKIDS.ORG If "No," attach a list. (see instructions) H(c) Group exemption number ► K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1990 M State of legal domicile: Depart I Summary 1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL
J Website: ► WWW.SAFEKIDS.ORG H(c) Group exemption number ► K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1990 M State of legal domicile: Dependence of the second domicile: Dependence of the secon
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1990 M State of legal domicile: DOMINIC Part I Summary Image: Safe KIDS WORLDWIDE IS A GLOBAL
Part I Summary 1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL
1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL
Provide the organization is mission of most significant activities. Image: Mage: Mage
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
8 3 Number of voting members of the governing body (Part VI, line 1a) 1
4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 20 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
7 a Total unrelated business revenue from Part VIII, column (C), line 12
b Net unrelated business taxable income from Form 990-T, line 39
Prior Year Current Year
8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g) 1,667,395. 1,172,141 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,574,404 5,432,328
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,719,056. 1,567,266
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,144,845. 4,127,364
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,114,042. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ► 84,463. 17 Other expenses (Part IX, column (A), lines 11-211d, 11f-24e) 4,063,278. 2,773,587
b Total fundraising expenses (Part IX, column (D), line 25) b 84, 463.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,927,179. 8,468,217 19 Revenue less expenses. Subtract line 18 from line 12 647,225. -3,035,889
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7,029,922. 7,343,276 21 Total liabilities (Part X, line 26) 2,166,508. 5,515,753 22 Net assets or fund balances. Subtract line 21 from line 20 4,863,414. 1,827,525
20 Total assets (Part X, line 16) 7,029,922. 7,343,278 21 Total liabilities (Part X, line 26) 2,166,508. 5,515,753
21 Total liabilities (Part X, line 26) 2,166,508. 5,515,753 22 Net assets or fund balances. Subtract line 21 from line 20 4,863,414. 1,827,525
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	Signature of officer		Date					
Here	ALDWIN LINDSAY, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	MARY TORRETTA		self-employed P00847851					
Preparer	Firm's name 🕒 GRANT THORNTON LLP		Firm's EIN 🕨 36-6055558					
Use Only	Firm's address 🔊 1000 WILSON BOULEVARD, SUITE 1400							
	ARLINGTON, VA 22209	Phone no. (703) 847-7500						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	mbe	r (TIN)	
Type or print							
-	SAFE KIDS WORLDWIDE	<u> </u>		52-162757	4		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
filing your	1255 23RD STREET, NW 400						
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
	WASHINGTON, DC 20037						
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			01
Application		Return	Application				Return
ls For		Code	Is For				Code
	r Form 990-EZ	01	Form 990-T (corporat	on)			07
Form 990-B		02	Form 1041-A				08
Form 4720		03	Form 4720 (other tha	n individual)			09
Form 990-P		04	Form 5227		-		10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870		-		12
	CORPORATE OFFIC	FPC					
 If the org If this is f for the who a list with th 1 I request for the X 2 If the t 	The No. \blacktriangleright 202 476-5000 anization does not have an office or place of for a Group Return, enter the organization's fo- le group, check this box \frown \blacktriangleright \frown \Box . If the names and TINs of all members the extension est an automatic 6-month extension of time un to organization named above. The extension is calendar year 20 or tax year beginning 07/0 max year entered in line 1 is for less than 12 members in excerning	business ir ur digit Gro f it is for pa ion is for. ntil for the org	bup Exemption Number (art of the group, check t 05/17_, 20 2 ganization's return for: 9_, and ending	GEN)his box	i t org 20 _2	If this and atta janizatio	ch
	Change in accounting period	00 T (70)			,		
	application is for Forms 990-BL, 990-PF, 9	90-1, 4720	D, or 6069, enter the	tentative tax, less any			0
	undable credits. See instructions.	1700		<u> </u>	3a	\$	0.
	application is for Forms 990-PF, 990-T,					Ι.	
	ated tax payments made. Include any prior yea				3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include		ient with this form, if re	quired, by using EFTPS			
	ronic Federal Tax Payment System). See instru				3c	7	0.
Caution: If yo	ou are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	ו 887	'9-EO for	payment
instructions.							
For Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form	n 8868 (Rev. 1-2020

Cumulative e-File History 2019

FED

Tax Return 4632EO Taxpayer Safe Kids Worldwide	Return Type 990			
Submitted Date	2020-11-05 17:34:05			
Acknowledgement Date	2020-11-05 17:57:23			
Status	Accepted			
Submission ID	54681420203105000004			

	990 (2019) SAFE KIDS WORLDWIDE	52-1627574 Page
Pa	rt III Statement of Program Service Accomplishments	F
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: SEE SCHEDULE O.	
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 X
	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 🔀 I
	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 m	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5,629,087. including grants of \$1,458,924.) (Revenue	e\$1,172,141
	KEEPING KIDS SAFE ON THE ROAD:	
	SAFE KIDS WORLDWIDE PROVIDES FAMILIES WITH PRACTICAL ADVICE AND	
	EDUCATION TO PROTECT CHILDREN IN AND AROUND CARS - AS PASSENGERS,	
	CYCLISTS, AND PEDESTRIANS, WHETHER CROSSING THE ROAD OR CROSSING RAILROAD TRACKS. SAFE KIDS ADVOCATES FOR CHILDREN THROUGH POLICY	
	CHANGE, EDUCATES THROUGH LOCAL PROGRAMS, INFORMS THROUGH THE MEDIA, AND	
	GROUNDS ALL EFFORTS THROUGH RESEARCH, ALL WITH THE GOAL OF PROTECTING	
	OUR MOST VULNERABLE CITIZENS.	
4b	(Code:) (Expenses \$1,153,776. including grants of \$108,342.) (Revenue	e \$
	KEEPING KIDS SAFE AT HOME:	
	SAFE KIDS WORLDWIDE PROVIDES FAMILIES WITH PRACTICAL ADVICE AND	
	EDUCATION TO PROTECT CHILDREN AT HOME - ON THE STAIRS, IN THE BATH,	
	NEAR TELEVISIONS AND FURNITURE, AROUND MEDICINES AND HOUSEHOLD PRODUCTS	
	AND MORE. SAFE KIDS ADVOCATES FOR CHILDREN THROUGH POLICY CHANGE,	
	EDUCATES THROUGH LOCAL PROGRAMS, INFORMS THROUGH THE MEDIA, AND GROUNDS	
	ALL EFFORTS THROUGH RESEARCH, ALL WITH THE GOAL OF PROTECTING OUR MOST	
	VULNERABLE CITIZENS.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	
70		ΞΨ
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,782,863.	000
		Form 990 (20
э32002 Э	2 01-20-20 2	

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	х	
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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
IZd		100		x
L	Schedule D, Parts XI and XII	<u>12a</u>		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	А	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?	<u>14a</u>		
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	4.4%	х	1
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Δ	├───
15		4-	х	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	~	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? 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,			v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	L
932003	01-20-20	Form	990	(2019)

932003 01-20-20

12420514 153424 0165744.006

2019.05094 SAFE KIDS WORLDWIDE

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Form 990 (2019) SAFE KIDS WORLDWIN
Part IV Checklist of Required Schedules SAFE KIDS WORLDWIDE

Form	990	(2019)
1 01111	000	(2010)

SAFE KIDS WORLDWIDE

Yes No. 22 Def the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 7 & 17%, "complete Schedule / Part I and II 22 X 23 Def the organization areas or "top Part IV, Section A, line 3 4, or 5 about componation or the organization is correct and standing principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 P " Yes," ansave lines 24p through 24d and complete Schedule / Nr No, g of line 250. 24a X 24a Def the organization inset any proceeds of tax-exempt bond scue with an outstanding principal amount of more than \$100,000 as of the schedule / Nr No, g of line 250. 24a X 24b Def the organization meet any proceeds of tax-exempt bonds exerce than a returning second at temporary period exception? 24d 24d 25 Section \$016(K3), \$016(K4), and \$016(K2) organization. Bonds exception? 24d X 26 Def the organization areas an "on behalt of "issuer for bonds outstanding at any time during the year? 24d X 27 Def the organization meet any an econor account of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction any amount on Part X. line 5 or 22, for receavables from organization endore any othease perions Y / Yea, "complete Schedule I, Part I	Par	t IV Checklist of Required Schedules (continued)			uge
22 Did the organization report more than \$3,000 of grants or other assetance to nor consensitio individuals on Part X, Converse Schedule J, Part I M, Section A, Iina 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If Yes, "complete Schedule J. 23 X 240 Dot the organization haves 'Ves' to Part VII, Section A, Iina 3, 4, or 5 about compensated employees? If Yes, "complete Schedule J. 24 X 241 Dot the organization neares a tax exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last dig of the organization market may society of the xes 24 240 Dot the organization market may proceeds of tax-exempt bonds beyond a temporary period exception? 24a 251 Section 50(45), 50(1(4), 40(14), 40(4), 50(14), 40(14), 47 Yes, "complete Schedule L, Part I 25a 253 Section 50(45), 50(1(4), 40(14), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4), 40(4), 50(14), 40(4),				Yes	No
Part K. column (A), line 27, if "As," completes Schedule: <i>J. Parts 1 and UI</i> 22 X 23 Did the organization asserver "are" to Part VI, Schedule: <i>J. Parts 1 and UI</i> 23 X 242 Did the organization asserver "are" to Part VI, Schedule: <i>J. Parts 1 and UI</i> 23 X 243 Did the organization have a tax exempt bond issue with an oubstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? <i>II "Yos," answer lines 24b through 24d and complete Schedule I, L Part I, Mark 11, 2002? II "Yos," answer lines 24b through 24d and complete Schedule J, D. Did the organization networks any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24b Did the organization networks any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 25e Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization exception? 24d 24d 25e Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization exception? 24d 24d 25e Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization expection an arxie or anomalism of the assistance to any uncent of any orthoge section? 24d 24d 25e Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization expection an arxie or anomalism of the organization expection and any uncent of any mount on Part X, line 5 or 22, for receivable from organization arxie or anomalism of the organization expection anomalism assets organization ex</i>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22 Dot the organization answer "Less to Park IV, Section A, line 3, 4, of 3 about compensation of the organization is current and former officient, directori, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule A, If Yes, 'to provide a structure of the organization have a tax exempt bond is use with an outstanding principal amount of more than \$100,000 as of the isat day of the year, that was issued after Docember 21, 2002 T, "Yes," answer line 3, 200 kmough 24 and complete Schedule A, If Yes, 'to prince 25 a. 24a 24b 24b 24b 24b 24c	LL		22		x
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, or family member of any of these persons? If "yes," complete Schedule L, Part II Z X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Z X 29 IA current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Zes X 20 IA family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Zes X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Zes X 20 Did the organization incurve controlled entity of explanation inconcash contributions? If "Yes," complete Schedule M, Part I 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 34 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 35 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organi			26		x
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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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X Did the organization and 10% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 34 Was the organization neated to any tax-exempt or more negage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X Did the organization concluct more than 55% of its activities through an			27		x
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Yes Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 38 X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c 1c			35h		
If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 97 Statements Regarding Other IRS Filings and Tax Compliance 38 X 98 Check if Schedule O contains a response or note to any line in this Part V 90 11 0 12 12 Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b 0 0 12 <td>36</td> <td></td> <td></td> <td></td> <td></td>	36				
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 98 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 38 X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 1c 1c	00		26		x
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	27		30		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check if D = 0 Image: Check if D = 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Image: D = 0 Image: Check if D = 0 Image: Check if D = 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check if D = 0 Image: Check if D = 0	31		07		v
Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V	20		3/		<u> </u>
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1a 1a 0 1a 1a 0 1a 1a 0 1a 1a 1a 1a 0 1a	38	· · · · · · · · · · · · · · · · · · ·		v	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1a 1a 0 1a 1a 0 1a 1a 0 1a 1a 1a 1a 0 1a	Pa	Note: All Form 990 filers are required to complete Schedule O	38	Δ	I
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c	ı al	Obselvit Ceberlule O senteine e versenes evidete te envilles in this Deut V			
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		Uneck if Schedule U contains a response or note to any line in this Part V	<u></u>	 	
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				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Image: Complex comp	1a		_		
(gambling) winnings to prize winners?	b		0		
	С				
932004 01-20-20 Form 990 (2019		(gambling) winnings to prize winners?			
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2019.05094 SAFE KIDS WORLDWIDE

Form	990 (2019) SAFE KIDS WORLDWIDE 52-162757	4	Р	_{age} 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
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						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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" to line 3b, provide an explanation on 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							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		<u>x</u>				
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).							
	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					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x				
e								
f	5 , 5 , 1, 1 , , , , , , , , , , , , , ,							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8								
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	0.						
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
b	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.	100						
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							
с	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
-	If "Yes," complete Form 4720, Schedule O.	_						
			000	(2010)				

Form **990** (2019)

Form	990 (2019) SAFE KIDS WORLDWIDE			1627574		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, an	d for a "I	No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
	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 on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6	X	L
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•					
	more members of the governing body?			····· -	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?				7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
а	The governing body?			····· -	8a	X	
b	Each committee with authority to act on behalf of the governing body?			·····	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)				
				г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			····· -	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			····· -	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the fo	rm?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			Г	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	12b	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			10-	х	
40	in Schedule O how this was done Did the organization have a written whistleblower policy?				12c 13	X	<u> </u>
13 14				Г	14	x	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval				14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	dependent				
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a				
	taxable entity during the year?				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·····			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure			<u></u>			L
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (Section 5	01(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		,	()()	,		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	licy, and	financ	cial	
	statements available to the public during the tax year.		·	-			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records	▶			
	CORPORATE OFFICERS - 202-476-5000						
	111 MICHIGAN AVENUE, NW, WASHINGTON, DC 20010						
932006	01-20-20				Form	990	(2019)
	6						
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
·······	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Comple	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 a	I of the organization's current officers, directors, trustees (whether individuals or organizations), re	egardless of amount of comper	sation.							

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.

See instructions for the order in which to list the persons above.

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

 (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	dual t	utiona	_	nploy	st cor	ar			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KURT D. NEWMAN, MD	2.00									
PRESIDENT / CEO CNMC	53.00	Х		х				0.	2,129,428.	268,173.
(2) ALEC KING	2.00									
EVP & CHIEF FINANCIAL OFFICER	53.00			х				0.	1,407,862.	154,503.
(3) MARY ANNE HILLIARD	2.00									
BOARD SECRETARY	53.00			х				0.	823,324.	156,490.
(4) TORINE V. CREPPY	55.00									
PRESIDENT OF SKW	0.00	Х		х				0.	392,890.	61,285.
(5) MARTHA WILCOX	55.00									
CHIEF MARKETING OFFICER	0.00					Х		٥.	239,079.	9,976.
(6) ANTHONY GREEN	55.00									
CHIEF ADV & NETWORK OFFICER	0.00					х		٥.	195,449.	16,593.
(7) LINE STORGAARD-CONLEY	55.00									
DIRECTOR OF DIG STRA & MKTING	0.00					X		0.	176,268.	47.
(8) JENNIFER MACKAY	55.00									
DIRECTOR OF RESEARCH	0.00					X		0.	155,832.	15,651.
(9) SHEEL PANDYA	55.00									
NETWORK DIRECTOR	0.00					X		0.	144,835.	23,822.
(10) JEFF ZIENTS	2.00									
BOARD CHAIRMAN	6.00	Х		Х				0.	0.	0.
(11) KRISTIN RECCHIUTI	2.00									
BOARD VICE-CHAIR	0.00	Х		х				0.	0.	0.
(12) DEBBIE WIER	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(13) ANDREW C. BLAIR	1.00									_
BOARD MEMBER	0.00	х						0.	0.	0.
(14) MARILENA AMONI	1.00									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) INEZ TENEBAUM	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(16) JOHN CAPP	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(17) MICHAEL WILLIAMS	2.00									
BOARD MEMBER TO 9/30/19	8.00	Х						0.	0.	0.
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Form 990 (2019) SAFE KIDS WO	DRLDWIDE								52-162	27574	1	P	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director of go of	not c , unle:	Pos heck ss per	more rson is irecto	Highest compensated Light of the stand stand stand stands and stand stands and stan stands and stands and stan	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	6	an com fr org an	(F) timate nount other pensa om th anizat d relat anizati	of ition e ion ed
(18) TIMOTHY WERTNER	1.00		-		×	<u>+ 9</u>							
BOARD MEMBER	0.00	х						0.		٥.			0.
(19) ADNAN HYDER, MD, PHD BOARD MEMBER	1.00	x						0.		٥.			0.
1b Subtotal								0.	5,664,9	0.0		706,	540. 0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.	5,664,9			706,	540.
2 Total number of individuals (including but							o re	eceived more than \$100,				,	-
compensation from the organization													0
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>	such individual								-	[3	Yes	No X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or										····	-		
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or sı	ıch į	bers	on .					5		Х
Section B. Independent Contractors 1 Complete this table for your five highest c	omponented inc		ndo	ot or	ontro	actor	o th	at received more than [¢]	100 000 of comp	onoot	ion fr		
the organization. Report compensation for										CIISAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(A) Name and busines		NO						(B) Description of s		C	((;) nsatio	n
		NO						Description of a			ompo	Isatio	
							+						
							+						
							+						
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lir	niteo	d to		se list 0	ted	above) who received mo	ore than				

	1 990 rt VI					LDWIDE	2			52-162757	4 Page 9
1 41						spopso	or noto to any lin	o in this Part VIII			
			Check if Schedule O	Contai	15 4 16	sponse		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
lts ts	1 a	а	Federated campaigns		1	a					
iran oun						b					
S, G	C	С	Fundraising events		1	c	176,000.				
ar J			Related organizations			d					
js,			Government grants (contr			e	436,578.				
itior er S	f		All other contributions, gifts,								
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included			f	3,970,792.				
nd	Ç L	-	Noncash contributions included in			g \$		4,583,370.			
n C	r	n	Total. Add lines 1a-1f		<u></u>		Business Code	4,505,570.			
	2 8	2	INCOME FROM CERTIFI	CATIO	ONS		900099	1,143,660.	1,143,660.		
vice	2 C ł	a b						_,,	_,		
Ser		c									
Program Service Revenue	Ċ	d									
2 B B B B B B B B B B B B B B B B B B B	e	е									
۲, T	f	f	All other program service	revenu			900099	28,481.	28,481.		
			Total. Add lines 2a-2f					1,172,141.			
	3		Investment income (includ	ding di	vidend	s, intere	est, and				
			other similar amounts)								
	4		Income from investment o				· · ·				
	5		Royalties	·····		Real					
	•	_	0		(1) F	real	(ii) Personal				
	-		Gross rents	6a 6b							
			Less: rental expenses Rental income or (loss)	60 60							
			Net rental income or (loss)								
			Gross amount from sales of			urities	(ii) Other				
	, ,		assets other than inventory	7a	()						
	k	b	Less: cost or other basis								
e			and sales expenses	7b							
/enue	c		Gain or (loss)	7c							
Be	c	d	Net gain or (loss)			<u></u>	►				
Other Rev	8 8	а	Gross income from fundraisi								
đ			including \$	176,0	<u>00.</u> c	of					
			contributions reported on								
			Part IV, line 18			<u>8a</u>					
			Less: direct expenses				352,072.	-323,183.			-323,183.
			Net income or (loss) from		-		▶	525,105.			525,105.
	98		Gross income from gamin Part IV, line 19								
	ŀ		Less: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory, I	-	-		F				
			and allowances			10	a				
	k		Less: cost of goods sold				b				
			Net income or (loss) from				▶				
s							Business Code				
e eu	11 a	а									
Miscellaneous Revenue	k	b									
Sev		С									
Mis			All other revenue								
			Total. Add lines 11a-11d					5 422 220	1 170 1/1		202 102
	12		Total revenue. See instructio	UNS			▶	5,432,328.	1,172,141.	0.	-323,183. Form 990 (2019

12420514 153424 0165744.006

SAFE KIDS WORLDWIDE 52-1627574 Page 10 Form 990 (2019) 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) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 343,250 343,250 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1,224,016 1,224,016. Benefits paid to or for members 4 5 Compensation of current officers, directors, 273,231, trustees, and key employees 341,539 51,231. 17,077. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,236,140. 2,613,610. 604,518. 18,012. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 111,011 84,460. 25,534 1,017. 198,802 198,802 9 Other employee benefits 239,872. 177,505 59,968 2,399. 10 Payroll taxes 11 Fees for services (nonemployees): а Management 21,285, 3,654. 16,594 1,037. b Legal С Accounting 116,000 116,000 Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 983,382 940,006 15,045 28,331. column (A) amount, list line 11g expenses on Sch O.) 117,166 117,166 Advertising and promotion 12 178,508. 105,918 72,325 265. 13 Office expenses _____

167,688

672,228

122,449

28,669.

118,921

186,708.

53,627

8,468,217

6,956.

20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) OVERHEAD а MEDIA SERVICES b MEMBERSHIP DUES & SUBS С d All other expenses е Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Information technology

Royalties

Occupancy

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Form 990 (2019)

932010 01-20-20

Check here

14

15

16

17 18

19

Travel

10 2019.05094 SAFE KIDS WORLDWIDE

6,782,863

80,530.

646,865

112,033.

25,717.

52,684

5,416.

82,913

14,529

10,183

2,778.

118,921

186,708

1,600,891

943

701

4,245.

10,834.

233.

174.

839.

84,463.

SAFE KIDS WORLDWIDE

		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		3,750,160.	3	1,019,168.	
	4	Accounts receivable, net		73,412.	4	8,750.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
Ś	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			112,008.	9	40,462.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	2,225,766.			
	b			1,368,527.	976,161.	10c	857,239.
	11	Investments - publicly traded securities		0.	11	0.	
	12	Investments - other securities. See Part IV, line		0.	12	0.	
	13	Investments - program-related. See Part IV, line		0.	13	0.	
	14	Intangible assets		0.	14		
	15				2,118,181.	15	5,417,659.
	16	Total assets. Add lines 1 through 15 (must equ			7,029,922.	16	7,343,278.
	17	Accounts payable and accrued expenses			2,166,508.	17	552,545.
	18	Grants payable		18			
	19	Deferred revenue	0.	19	0.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
Ś	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs		· · · ·			
lide		controlled entity or family member of any of the	se perso	ns		22	
Ĕ	23	Secured mortgages and notes payable to unrela	ated thir	F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines					
		of Schedule D			Ο.	25	4,963,208.
	26	Total liabilities. Add lines 17 through 25			2,166,508.	26	5,515,753.
		Organizations that follow FASB ASC 958, che	eck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			218,899.	27	-1,104,725.
Bal	28	Net assets with donor restrictions			4,644,515.	28	2,932,250.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
μ		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ea				30	
As	31	Retained earnings, endowment, accumulated in	icome, c	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,863,414.	32	1,827,525.
_	33	Total liabilities and net assets/fund balances			7,029,922.	33	7,343,278.

Form 990 (2019)

Form	990 (2019) SAFE KIDS WORLDWIDE	52-162757	4	Pad	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets				-			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,	432,	328.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	468,	217.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	863,	414.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,	827,	525.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	 			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	0000				
			Earm	uun	(2010)			

Form **990** (2019)

SCH	EDU	LE	Α
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(Form 990 or 990-EZ)

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

OMB No. 1545-0047	
2019	

		of the Treasury nue Service		► Go to www.irs.gov	Open to Public Inspection						
Nam	e of	the organizati		do to www.n3.go			ie latest li		Employer	r identification number	
		3		IDS WORLDWIDE						52-1627574	
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	e instruction	S.		
The	organ				For lines 1 through 12, c						
1	Ŭ		-	-	on of churches described	-		1)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3					anization described in se			ii).			
4		A medical res	search organiza	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:									
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
		university:									
10		An organizati	on that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, ar	nd gross receipts from	
		activities rela	ted to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment	
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.	
				mplete Part III.)							
11					ively to test for public sa						
12		-	-	-	ively for the benefit of, to	-			-		
					ed in section 509(a)(1) o					Check the box in	
		-	-		f supporting organization				-		
а				-	upervised, or controlled	•	-		•••••		
			-		gularly appoint or elect a	i majority c	of the direc	ctors or truste	es of the su	upporting	
		¬ -		complete Part IV, Se					··· (-)	4	
b				-	l or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	ported	
_				t complete Part IV,		in connoct	tion with	and functions	lly into grote		
С		••	-	•	g organization operated				ily integrate	eu witti,	
d		-			b). You must complete I porting organization oper				rtod organi	zation(c)	
u	L		-		zation generally must sat				•	.,	
				•	mplete Part IV, Sections	•		•		Veness	
е		- ·			written determination fro				II. Type III		
Ũ	L		•		nally integrated supporti			турс і, турс	n, type m		
f	Ente	er the number									
a				n about the supporte							
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Tota											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 SAFE KIDS WORLDWIDE

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Page **2**

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,828,397.	11,916,469.	7,206,253.	8,907,009.	4,583,370.	39,441,498.
2	Tax revenues levied for the organ-						
	ization'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	6,828,397.	11,916,469.	7,206,253.	8,907,009.	4,583,370.	39,441,498.
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,						24 400 602
•	column (f)						24,409,693.
	Public support. Subtract line 5 from line 4.						15,031,805.
		(a) 2015	(h) 0016	(a) 2017	(d) 2018	(a) 2010	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2015 6,828,397.	(b)2016 11,916,469.	(c) 2017 7,206,253.	8,907,009.	(e) 2019 4,583,370.	39,441,498.
	Gross income from interest,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•,•••,••••	1,000,0701	
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	87,469.	22,287.				109,756.
9	Net income from unrelated business		,				
5	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 VI.)			85,968.		28,889.	114,857.
11	Total support. Add lines 7 through 10						39,666,111.
12		etc. (see instructio	ons)			12	7,313,233.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	bhere					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	37.90 %
	Public support percentage from 2018					15	34.83 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						·
40	organization meets the "facts-and-circ		•	-			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 100, 17a, or 17b			
					Sche	edule A (Form 990	UI 990-EZ) 2019

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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 disgualified 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>			
14 First five years. If the Form 990 is for	or the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	n 501(c)(3) or	ganization,
Section C. Computation of Publ					<u> </u>	
15 Public support percentage for 2019	(, (),	· · ·	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2		'			17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the						line 1 / is not
more than 33 1/3%, check this box a						►
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, cho						
20 Private foundation. If the organizati	on did not check a	00 on line 14, 19	a, or 19b, check t			
932023 09-25-19		15		Sch	edule A (For	m 990 or 990-EZ) 2019

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(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

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3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

1

2

Yes No

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	continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type Toupporting Organizations		Vee	Na
4	Did the diverters, two terms or membership of one or more supported experimetions have the neuror to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		169	
•	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	ctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
Ŀ.	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2 L		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0 67	2040
932025	5 09-25-19 Schedule A (Form 990 17	01.98	,∩- ⊏ ∠)	2019
	± /			

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Part V Type III Non Eurotionally Integrated 500(a)(2)	с.
Schedule A (Form 990 or 990-EZ) 2019 SAFE KIDS WORLDWIDE	

	Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	0		Part VI). See instructions
	other Type III non-functionally integrated supporting organizations must	complete Se	ctions A through E.	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Part V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	Tage T			
Section D - Distributions		(Current Year			
1 Amounts paid to supported organizations to accomplish exer	mpt purposes					
2 Amounts paid to perform activity that directly furthers exemp	Amounts paid to perform activity that directly furthers exempt purposes of supported					
organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval required)						
6 Other distributions (describe in Part VI). See instructions.						
7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to which the	ne organization is responsive					
(provide details in Part VI). See instructions.						
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by line 9 amount						
	(i)	(ii)	(iii)			
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reason-						
able cause required- explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2019						
a From 2014						
b From 2015						
c From 2016						
d From 2017						
e From 2018						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2019 distributable amount						
i Carryover from 2014 not applied (see instructions)						
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4 Distributions for 2019 from Section D,						
line 7: \$						
a Applied to underdistributions of prior years						
b Applied to 2019 distributable amount						
c Remainder. Subtract lines 4a and 4b from 4.						
5 Remaining underdistributions for years prior to 2019, if						
any. Subtract lines 3g and 4a from line 2. For result greater						
than zero, explain in Part VI. See instructions.						
6 Remaining underdistributions for 2019. Subtract lines 3h						
and 4b from line 1. For result greater than zero, explain in						
Part VI. See instructions.						
7 Excess distributions carryover to 2020. Add lines 3j						
and 4c.						
8 Breakdown of line 7:						
a Excess from 2015						
b Excess from 2016						
c Excess from 2017						
d Excess from 2018						
e Excess from 2019			(Farme 000 ar 000 F Z) 0040			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2017 AMOUNT: \$ 85,968.		
2019 AMOUNT: \$ 28,889.		
2019 AMOUNT: \$ 28,889.		
932028 09-25-19	Schedule A (Form 990 or	990-EZ) 201

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

52-1627574

CVPD	VIDC	WORLDWIDE
SAFE	KIDS	WORLDWIDE

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Page **2**

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$784,148.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$1,030,880.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$249,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll O Noncash O (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)
	(b) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4	(b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Page **3**

Name of organization SAFE KIDS WORLDWIDE Employer identification number

52-1627574

(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		 \$	
		φ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)	" 、	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received

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2019.05094 SAFE KIDS WORLDWIDE

Page 4

lame of org	anization		Employer identification numbe				
AFE KIDS	WORLDWIDE		52-1627574				
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	haritable, etc., contributions of \$1,000 or	Itry. For organizations less for the year. (Enter this info. once.) \$				
(a) No.	Use duplicate copies of Part III if additionals	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
.							
		(e) Transfer of gift	it				
	-						
-	Transferee's name, address, ar		Relationship of transferor to transferee				
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
·			<u> </u>				
		(e) Transfer of gift	t				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
Γ.	······································						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-							
] :							
-		(a) Turnefou of ait					
	(e) Transfer of gift						
	Transferee's name, address, ar	d ZI P + 4	Relationship of transferor to transferee				
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
.							
	(e) Transfer of gift						
\vdash	Transferee's name, address, ar	Id ZIP + 4	Relationship of transferor to transferee				
· ·							
23454 11-06-19	9	<u>.</u>	Schedule B (Form 990, 990-EZ, or 990-PF) (20				

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2019.05094 SAFE KIDS WORLDWIDE 01657441

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), 	or (6) organizations: Complete Part III.
NI 6 1 11	

Name of organization				Emplo	over identification number	
	SAFE KIDS WORLDWIDE					52-1627574
Pa	art I-A	Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 org	janization.
_						
1			ation's direct and indirect political			
2		campaign activity expendit				
3	Voluntee	r hours for political campai	gn activities			
Pa	art I-B	Complete if the org	anization 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 org	anization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	a Was a co	prrection made?				Yes No
	olf "Yes,"	describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt under	section 501(c), e	except section 501(c)	(3).
1	Enter the	amount directly expended	by the filing organization for section	on 527 exempt functio	on activities > \$	
2	Enter the	amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
	exempt f	unction activities			▶\$	
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
	line 17b				▶\$	
4			1120-POL for this year?			
5			ployer identification number (EIN)			
	made pa	yments. For each organiza	tion listed, enter the amount paid f	rom the filing organiza	tion's funds. Also enter the	amount of political
		•	omptly and directly delivered to a s		· · ·	e segregated fund or a
	political a	action committee (PAC). If	additional space is needed, provide	e information in Part IV	Ι.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
					1	

For Paperwork Reduction Act Notice,	see the Instructions for Form 990) or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2019

Part II-A Complete if the or section 501(h)).	ganizatio	on is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection unde	er
A Check if the filing organiz expenses, and sha	are of exces	s lobbying e		Part IV each affiliated	group member's nan	ne, address, Ell	N,
Lin	nits on Lobl	bying Expe	•		(a) Filing organization's totals	(b) Affiliated totals	•
1a Total lobbying expenditures to inf	fluence pub	lic opinion (grassroots lobbying)				0.
b Total lobbying expenditures to inf							0.
c Total lobbying expenditures (add							
d Other exempt purpose expenditu							0.
e Total exempt purpose expenditur	es (add line	s 1c and 1d)				
f_Lobbying nontaxable amount. En				ſ			
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of	the amount on line 1e.				
Over \$500,000 but not over \$1,00	00,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,	500,000		0 plus 10% of the exc				
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			ss over \$1,500,000.			
Over \$17,000,000 \$1,000,000.							
g Grassroots nontaxable amount (e	enter 25% of	line 1f)					
h Subtract line 1g from line 1a. If ze	ero or less, e	enter -0-					
i Subtract line 1f from line 1c. If zer	ro or less, e	nter -0-					
j If there is an amount other than z	ero on eithe			-			
reporting section 4911 tax for this						Yes	No No
(Some organizations	Se	a section 5 e the separ	ate instructions for li	have to complete all o nes 2a through 2f.)	f the five columns b	elow.	
	Lobi	bying Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Tot	tal
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(k	o)
	e lobbying activity.	Yes		No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?	X				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
с	Media advertisements?			X		
	Mailings to members, legislators, or the public?	X				2,000.
	Publications, or published or broadcast statements?			X X		
	Grants to other organizations for lobbying purposes?	x		Δ		30 736
g		A		x		39,736.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			X		
	Other activities?					41,736.
30 I	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			х		11,700.
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), c	or sec	tion	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."			Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
	Carryover from last year			2b		
с	Total			2c		
3				3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
-	expenditure next year?			4		
5 Par	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information			5		
		liat): Dart II	A lir		ad 2 (aaa	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	list), Fart II-	А, Ш	ies i ai	iu z (see	
	DULE C, PART II-B, LINE 1A					
VOLU	NTEERS					
SAFE	KIDS COALITIONS JOINED TOGETHER AS VOLUNTEERS TO SUPPORT FEDERAL					
LEGI	SLATION. THE ISSUES INCLUDED LAWS AND POLICY ON POISON CONTROL CENTER					
FUNI	ING, INFANT SUFFOCATION, CARBON MONOXIDE POISONING PREVENTION,					

FURNITURE TIPOVER PREVENTION, CONSUMER PRODUCT SAFETY AND CARBON MONOXIDE

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

PREVENTION IN FEDERAL HOUSING. SAFE KIDS COALITIONS VOLUNTEERED TO

INFLUENCE LEGISLATION PRIMARILY ON THE STATE LEGISLATIVE LEVEL. THE ISSUES

INCLUDED LAWS ON CARBON MONOXIDE POISONING, ENCOURAGING CHILD PASSENGER

SAFETY, PREVENTING INFANT SUFFOCATION, AND ENCOURAGING THE USE OF BIKE

HELMET LAWS.

SCHEDULE C, PART II-B, LINE 1B

PAID STAFF OR MANAGEMENT

SAFE KIDS PAID STAFF AND A CONTRACT LOBBYIST WERE ENGAGED IN LEGISLATIVE

AND POLICY EFFORTS AT THE FEDERAL LEVEL ON THE FOLLOWING ISSUES: CHILD

PASSENGER SAFETY; THE IMPLICATIONS OF THE ROLL-OUT OF AUTONOMOUS VEHICLES

FOR CHILDREN; PREVENTING INFANT SUFFOCATION; PREVENTING THE DEATH OF SMALL

CHILDREN IN HOT CARS; SAFETY MEASURES INVOLVING CHILDREN AS PEDESTRIANS OR

RIDING BICYCLES; RESOURCES FOR POISON CONTROL CENTERS; THE RISKS OF CARBON

MONOXIDE POISONING IN PUBLIC HOUSING AND IN FAMILY HOMES; CONSUMER PRODUCT

SAFETY AND OTHER ISSUES. SAFE KIDS PAID STAFF WAS ALSO INVOLVED IN EFFORTS

TO HELP ITS STATE AND LOCAL COALITIONS INFLUENCE LEGISLATION AND POLICY AT

THE STATE LEVEL ON THE FOLLOWING ISSUES: REQUIRING THE USE OF BICYCLE

HELMETS, USING AUTOMATED TECHNOLOGY TO DISCOURAGE SCHOOL BUS PASSING AND

SPEEDING IN SCHOOL ZONES; SEAT BELT USAGE AND OTHER ISSUES.

SCHEDULE C, PART II-B, LINE 1D

MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC

SAFE KIDS PROVIDED EMAIL MESSAGES TO FEDERAL AND STATE LEGISLATORS (AS

WELL AS TO MEMBERS OF THE PUBLIC) ABOUT EVIDENCE-BASED REPORTS ON CHILD

SAFETY, SOME OF WHICH INCLUDED EDUCATION ABOUT POLICY. THE EFFORTS

INVOLVED EMAIL OR POSTING ON THE SAFEKIDS.ORG WEBSITE.

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1G

DIRECT CONTACT

SAFE KIDS PARTICIPATED IN FEDERAL LOBBYING ACTIVITIES ON THE FOLLOWING

ISSUES: CHILD PASSENGER SAFETY; THE IMPLICATIONS OF THE ROLL-OUT OF

AUTONOMOUS VEHICLES; PREVENTING THE DEATH OF SMALL CHILDREN IN HOT CARS;

SAFETY MEASURES INVOLVING CHILDREN AS PEDESTRIANS OR RIDING BICYCLES;

RESOURCES FOR POISON CONTROL CENTERS; THE RISKS OF CARBON MONOXIDE

POISONING IN PUBLIC HOUSING AND IN FAMILY HOMES, AND OTHER ISSUES. SAFE

KIDS SOUGHT FUNDING FOR A FEDERAL PROGRAM TO PREVENT DROWNING. SAFE KIDS

ASSISTED COALITIONS IN SEEKING LEGISLATION ON THE FOLLOWING ISSUES:

REQUIRING THE USE OF BICYCLE HELMETS; USING AUTOMATED TECHNOLOGY TO

DISCOURAGE SCHOOL BUS PASSING AND SPEEDING IN SCHOOL ZONES; SEAT BELT

USAGE AND OTHER ISSUES. SAFE KIDS STAFF PARTICIPATED IN LOBBYING EFFORTS

ON ISSUES IN A STATE IN SUPPORT OF ITS COALITIONS.

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer	identification	number
Linployer	achtinoution	mannoor

	SAFE KIDS WORLDWIDE			52-1627574				
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Sir	nilar Funds or Ac	counts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.						
		(a) Donor advised	funds	(b) Funds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	writing that the assets held	in donor advised fund	ds				
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	impermissible private benefit?	•	· ·					
Par	t II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part IV	, line 7.				
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (for example, recrea		Preservation of a histo	orically important land area				
	Protection of natural habitat	· _		ified historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribut	ion in the form of a co	nservation easement on the last				
	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements			2a				
b				2b				
	Number of conservation easements on a certified historic stru			2c				
	Number of conservation easements included in (c) acquired a							
	listed in the National Register			2d				
3	Number of conservation easements modified, transferred, rele							
	year ►	, 3	, ,	5				
4	Number of states where property subject to conservation eas	ement is located						
5	Does the organization have a written policy regarding the per		n. handling of					
	violations, and enforcement of the conservation easements it		, 3	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,							
-	• • • • • • • • • • • • • • • • • • •		g					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcing conservation ea	sements during the year				
-	► \$		·····g · ······					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)	(i)				
-	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation							
-	balance sheet, and include, if applicable, the text of the footn		•					
	organization's accounting for conservation easements.	iere te the ergamiation e h						
Par		Art, Historical Trea	sures, or Other S	Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95		ue statement and bala	ance sheet works				
	of art, historical treasures, or other similar assets held for pub	· ·						
	service, provide in Part XIII the text of the footnote to its finar							
b	If the organization elected, as permitted under FASB 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 serv								
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$				
	(ii) Assets included in Form 990, Part X	N A						
2	If the organization received or held works of art, historical trea							
-	the following amounts required to be reported under FASB A			F				
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$				
	Assets included in Form 990, Part X							
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019				
	10-02-19							
202001		30						

	-	•			
01	9	.05094	SAFE	KIDS	WORLDWIDE

Sche	dule D (Form 990) 2019 SAFE KIDS V							627574	P	Page 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other S	Similar Asse	ets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	make sigr	nificant use of i	ts	,	
	collection items (check all that apply):				C C	Ū				
а	Public exhibition d Loan or exchange program									
b	Scholarly research				0 1 0					
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ev further th	ne organizatio	n's exemr	ot purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	-		-	-					
-	to be sold to raise funds rather than to be ma				-			Yes		No
Pa	t IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Par			organizatio			0111 000, 1 0111	v, into 0, 0		
12	Is the organization an agent, trustee, custodi		liany for	contribution	s or other ass	ets not inc	cluded			
ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII						····· I			
D		and complete the lo	nowing t	able.				A		
-	Designing belonce						10	Amour		
C	Beginning balance									
a	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance									
	Did the organization include an amount on Fo							Yes		_ No
Pa	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete i									
		(a) Current year	(b)⊦	Prior year	(c) I wo year	's back (c	I) Three years ba	<u>ck (e) Fou</u>	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1o	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b										
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organization	ation tha	t are held ar	nd administer	ed for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o			t or other		umulated	(d) Boo	ok valu	le
		basis (investi			(other)	• •	eciation	(,		-
1a	Land	· · · · ·	,							
	Buildings									٥.
	Leasehold improvements			1	,318,050.		460,822.		857	,228.
	Equipment			-	811,985.		811,974.		,	11.
	Other				95,731.		95,731.			0.
	Add lines 1a through 1e. (Column (d) must e		Vark	am (D) //== 1	, ,				857	,239.
Tota	. Aud illies ta tittougit te. (Column (d) must e	<u>qual Form 990, Part</u>	<u>, colun</u>	<u>ווח (ש). ווחפ 1</u>	UC.)					
							Sched	ule D (Fori	11 330	<i>j 2</i> 019

932052 10-02-19

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value RIGHT OF USE ASSET 3,371,029. (1) SPECIAL PURPOSE FUND 2,046,630. (2) (3) (4) (5) (6) (7)

<u>(9)</u>

(8)

Total. <u>(Column (b) must equal Form 990, Part X, col. (B) line 15.)</u>

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	4,963,208.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,963,208.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

932053 10-02-19

5,417,659.

►

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SAFE KIDS WORLDWIDE		52-1627574 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat		ue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Part XII Reconciliation of Expenses per Audited Financial Sta	tomonte With Expor	
		ises per neturn.
Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
 e Add lines 2a through 2d 3 Subtract line 2e from line 1 		
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 		
	40	
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 		
		4c
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18</i>) 		
Part XIII Supplemental Information.	<u>3.)</u>	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV lines 1b and 2b.	Part V line 4: Part X line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		
	y additional information.	
SCHEDULE D, PART X, LINE 2		
LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)		

FIN 48 FINANCIAL STATEMENT FOOTNOTE FROM CHILDREN'S NATIONAL MEDICAL

CENTER (CHILDREN'S NATIONAL), OF WHICH SAFE KIDS WORLDWIDE IS A

SUBSIDIARY, IS AS FOLLOWS:

CHILDREN'S NATIONAL EVALUATES UNCERTAIN TAX POSITIONS USING A TWO-STEP

APPROACH FOR RECOGNIZING AND MEASURING TAX BENEFITS TAKEN OR EXPECTED TO

BE TAKIN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLOSURES

REGARDING UNCERTAINTIES IN TAX POSITIONS. THERE WAS NO IMPACT ON

CHILDREN'S NATIONAL'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30,

2020 AND 2019 AS CHILDREN'S NATIONAL HAS NO UNCERTAIN TAX POSITIONS.

932054 10-02-19

Schedule D (Form 990) 2019

edule D (Form 990) 2019 SAPE KIDS WORLDWIDE rt XIII Supplemental Information (continued)		
	Schedule D (Form	

12420514 153424 0165744.006

and 3b)

932071 10-12-19

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 10

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

tł	ne grantees' eligibility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? X	Yes 🗌 No			
<u>о г</u>	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outsic								
	Inited States.	nde in Part v tre	e organization s	procedures for monitoring the use of its	grants and other assistance out	side the			
		aa fallawing Dort	I line 2 table of	n he duplicated if additional apace is n	(acaded)				
<u>3</u> A	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 an be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region			
EAST A	ASIA AND THE	0	0	GRANTMAKING	PEDESTRIAN/HOME SAFETY	449,000.			
	E (INCLUDING ND & GREENLAND)	0	0	GRANTMAKING	PEDESTRIAN/HOME SAFETY	370,016.			
SOUTH	ASIA	0	0	GRANTMAKING	PEDESTRIAN/HOME SAFETY	150,000.			
NORTH	AMERICA	0	0	GRANTMAKING	PEDESTRIAN/HOME SAFETY	100,000.			
SOUTH	AMERICA	0	0	GRANTMAKING	PEDESTRIAN/HOME SAFETY	80,000.			
SUB-SP	AHARAN AFRICA	0	0	GRANTMAKING	PEDESTRIAN/HOME SAFETY	75,000.			
3 a S	ubtotal	0	0			1,224,016.			
S	otal from continuation heets to Part I	0	0			0.			
	otals (add lines 3a nd 3b)	0	0			1,224,016.			

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

Schedule F (Form 990) 2019

	OMB No. 1545-004
6.	2019
	Open to Public

Employer identification number

52-1627574

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name	of	the	organization
INALLE	UI.	uic	organization

SAFE KIDS WORLDWIDE

Form 990, Part IV, line 14b.

Part I

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &	PEDESTRIAN/HOME					
		GREENLAND)	SAFETY	370,016.	WIRE	0.		_
		EAST ASIA AND THE	PEDESTRIAN/HOME					
		PACIFIC	SAFETY	175,000.	WIRE	0.		
			PEDESTRIAN/HOME					
			SAFETY	150,000.	WIRE	0.		
			PEDESTRIAN/HOME					
			SAFETY	100,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PEDESTRIAN/HOME SAFETY	90,000.	WIDE	0.		
			DAFEII	50,000.	WIRE	•.		
		EAST ASIA AND THE						
		PACIFIC	SAFETY	89,000.	WIKE	0.		
			PEDESTRIAN/HOME					
		SOUTH AMERICA	SAFETY	80,000.	WIRE	0.		
		SUB-SAHARAN	PEDESTRIAN/HOME					
		AFRICA	SAFETY	75,000.	WIRE	0.		
			ecognized as charities by the		recognized as tax-ex	empt		
	ch the grantee or cou other organizations o		ion 501(c)(3) equivalency lette	er		····· <u>} -</u>		10

Schedule F (Form 990) 2019

Schedule F (Form 990) SAFE KIDS WORLDWIDE Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States						52-1627574				
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9		1)	-		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EAST ASIA AND THE PACIFIC	PEDESTRIAN/HOME SAFETY	50,000.	WIRE	0.				
		EAST ASIA AND THE PACIFIC	PEDESTRIAN/HOME SAFETY	45,000.	WIRE	0.				

Schedule F (Form 990) 2019

SAFE KIDS WORLDWIDE

52-1627574

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 SAFE KIDS WORLDWIDE	52-1627574	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method);		
(estimated number of recipients), as applicable. Also complete this part to provide any additional information	on. See instructions.	
SCHEDULE F, PART I, LINE 2		
PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.		
WHEN GRANT FUNDS ARE AVAILABLE, THE ORGANIZATION WILL INFORM THE		
COALITIONS VIA EMAIL OF A "REQUEST FOR PROPOSAL." 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 MAY BE A ONE-TIME PAYMENT, OR		
CONSIST OF MULTIPLE PAYMENTS. GRANT MANAGEMENT IS IN PLACE FOR GRANTEES		
TO REPORT THEIR PROGRAM ACTIVITIES AND DETAIL HOW THEY FULFILLED THE		
GRANT AGREEMENT 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.		

932075 10-12-19

SCHEDULE G Supplemental Information Regarding Fundraising or 0					ing or Gaming A	ctiv	rities	OMB No. 1545-0047			
(Form 990 or 990-EZ)) or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2019		
	C	•	to Form 990			-			Open to Public		
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form					on.		Inspection		
Name of the organization								Employer id	entification number		
	SAFE KIDS V							52-16275			
	ing Activities. complete this part	Complete if the organ t.	ization answe	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not		
1 Indicate whether the a Mail solicitat	0	ed funds through any o e		•		Check all that apply. overnment grants					
b Internet and	email solicitations	; f	Solicita	tion of	gover	nment grants					
c Phone solicit		g	Special	fundra	ising	events					
d in-person sol		w and agreement with a		linglud	ing of	ficere directore true	+				
2 a Did the organizatio		art VII) or entity in conn	2	•	•		iees,		s 🗌 No		
	-	viduals or entities (fund	•			•	he fui				
compensated at le	ast \$5,000 by the	organization.			-						
				(iii)	Did		(v)	Amount paid			
(i) Name and address or entity (fund		(ii) Activit	у	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (e	or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
				Yes	No	-					
Total											
 List all states in whi or licensing. 	ch the organizatio	n is registered or licens	sed to solicit o	contrib	utions	or has been notified	l it is	exempt from re	egistration		
or licensing.											
LHA For Paperwork Re	eduction Act Noti	ce, see the Instruction	ns for Form 9	990 or 1	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2019		

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 SAFE KIDS WORLDWIDE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 PREVCON - SAFETY CONFERENCE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
0000	1	Gross receipts	204,889.			204,889
	2	Less: Contributions	176,000.			176,000
	3	Gross income (line 1 minus line 2)	28,889.			28,889
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	72,798.			72,798
	7	Food and beverages	177,790.			177,790
5	8	Entertainment				
	9	Other direct expenses				101,484
	10	Direct expense summary. Add lines 4 throug		······	•	352,072
l	11	Net income summary. Subtract line 10 from				-323,183
a	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
a	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
T	rt I		answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
T	1 1		T	(b) Pull tabs/instant		
0000	1	\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	T	(b) Pull tabs/instant		
	1 2 3	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (adc col. (a) through col. (c
	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		
	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	
	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	
	1 2 3 4 5 6 7 8 Ent	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 SAFE KIDS WORLDWIDE	52-1627	574	Page 3
11		L	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	I The organization's facility	13	3a	%
	An outside facility		3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1		
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	🗌 No
t	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	nt		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Address			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
8	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the second s	the		
	organization's own exempt activities during the tax year s			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III,	lines 9,	9b, 10b,
	····, ···, ···, ···, ···· ···, ·····, ·····, ······			
9320	83 09-11-19 Schedule G	i (Form 99	0 or 990)-EZ) 2019
	43			

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2019
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.i	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	WORLDWIDE						Employer identification number 52-1627574
Part I General Information on Gra	nts and Assistance						
1 Does the organization maintain reco	ords to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or	assistance?						X Yes No
2 Describe in Part IV the organization	's procedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistanc	e to Domestic Organiz	ations and Domesti	c Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more t					(f) Method of	1	1
1 (a) Name and address of organizati or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAFE KIDS UTAH							
288 N 1460 WEST							
SALT LAKE CITY, UT 84116	02-0798812	501(C)(3)	8,250.	٥.			SAFETY INITIATIVES
THE HOPE CENTER 111 FLOWER DR ALBION, FL 62806	20-2148960	501(C)(3)	9,750.	0.			SAFETY INITIATIVES
PARNTERS IN PUBLIC HEALTH INC 11875 S SUNSET DR, SUITE 300 OLATHE, KS 66061	35-2268179	501(C)(3)	5,500.	0.			SAFETY INITIATIVES
ANN & ROBERT H LURIE CHILDRENS HOSPITAL OF CHICAGO - 225 EAST CHICAGO AVE BOX 157 - CHICAGO, 60611	IL 36-2170833	501(C)(3)	9,000.	0.			SAFETY INITIATIVES
VIA CHRISTIE FOUNDATION 929 N ST FRANCIS WICHITA, KS 67214	36-4943550	501(C)(3)	7,600.	0.			SAFETY INITIATIVES
ADAMS COUNTY HEALTH DEPARTMENT 330 VERMONT ST QUINCY, IL 62301	37-6000379	115	7,750.	0.			SAFETY INITIATIVES
2 Enter total number of section 501(c))(3) and government or	, ganizations listed in th	le line 1 table	1			13.
3 Enter total number of other organization		•					······

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

Schedule I (Form 990) SAFE KIDS WORLDWIDE

52-1627574 Page 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
SAINT FRANCIS HOSPITAL INC							
5353 E 68TH ST							
TULSA, OK 74136	73-0700090	501(C)(3)	9,000.	0.			SAFETY INITIATIVES
JNIVERSITY HEALTH SYSTEM							
OUNDATION - 4502 MEDICAL DRIVE -							
SAN ANTONIO, TX 78229	74-2335396	501(C)(3)	7,000.	0.			SAFETY INITIATIVES
SAFE KIDS EL PASO							
4815 ALAMEDA AVE							
EL PASO, TX 79905	74-6000756	501(C)(3)	7,750.	0.			SAFETY INITIATIVES
TANK A NIG CONNEY DOLLOP							
STANISLAUS COUNTY POLICE							
ACTIVITIES LEAGUE - 1441 FLORIDA		F01 (q) (2)	0.050				
AVE - MODESTO, CA 95350	77-0333848	501(C)(3)	8,350.	0.			SAFETY INITIATIVES
VALLEY CHILDREN'S HEALTHCARE							
FOUNDATION - 9300 VALLEY							
CHILDREN'S PLACE - MADERA, CA		F01 (q) (2)					
93636	94-2797447	501(C)(3)	7,750.	0.			SAFETY INITIATIVES
SAN JOAQUIN COUNTY PUBLIC HEALTH							
SERVICES - 420 S WILSON WAY -							
STOCKTON, CA 95205	94-6000531	115	5,500.	0.			SAFETY INITIATIVES
CHILDREN'S HOSPITAL LOS ANGELES							
4650 SUNSET BLVED MS #85	05 4 6000 55						
OS ANGELES, CA 90027	95-1690977	501(C)(3)	7,500.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

Schedule I (Form 990) (2019)

SAFE KIDS WORLDWIDE

52-1627574

Page 2

Part III Grants and Other Assistance to Domestic Individuals. 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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

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

WHEN GRANT FUNDS ARE AVAILABLE, THE ORGANIZATION WILL INFORM THE

COALITIONS VIA EMAIL OF A "REQUEST FOR PROPOSAL." IN MOST CASES, SAFE

KIDS CONDUCTS WEBINARS TO DISCUSS THE GOALS OF THE PROJECT AND ANSWER

ANY QUESTIONS. 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 WIRES THE

Part M Supplemental Information GRANT FUNDE, DEFENDING ON THE SIZE OF THE GRANT, IT MAY BE A ORE-TIME PAYMENT, OR CONSIST OF MULTIPLE PAYMENTS, GRANT MANAGEMENT IS IN PLACE FOR GRANTEES TO REPORT THEIR PROGRAM ACTIVITIES AND DETAIL HOW THEY PULFILLED THE GRANT AGREEMENT ONCE THE GRANT ISSUARCES, OR IF IT'S A MULTIPLE PAYMENT GRANT, TO DETERMINE WRETHER OR NOT TO ISSUE THE NEXT PAYMENT, SOME OF THE GRANTS MAY BE MONITORED VIA CONFERENCE CALLS AS WELL.	Schedule I (Form 990) SAFE KIDS WORLDWIDE	52-1627574	Page 2
PAYMENT, OK CONSIST OF MULTIPLE PAYMENTS. GRANT MANAGEMENT IS IN PLACE PORTAL STATEMENT OF MULTIPLE PAYMENTS. GRANT MANAGEMENT IS IN PLACE FOR GRANTERES TO REPORT THEIR PROGRAM ACTIVITIES AND DETAIL HOW THEY POLFILLED THE GRANT AGREEMENT ONCE THE GRANT FERIOD HAS ENDED. SAFE KIDS EVALUATES THE INFORMATION FOR FUTURE GRANT ISSUETS. OR IF IS'S A MULTIPLE PAYMENT GRANT, TO DETERMINE WIETHER OR NOT TO ISSUE THE NEXT PAYMENT, SOME OF THE GRANTS MAY BE MONITORED VIA QUARTERLY CONFERENCE CALLS AS WELL.			
FOR GRANTEES TO REPORT THEIR PROGRAM ACTIVITIES AND DETAIL HOW THEY FULFILLED THE GRANT AGREEMENT ONCE THE GRANT PERIOD HAS ENDED. SAFE KIDS EVALUATES THE INFORMATION FOR FUTURE GRANT ISSUANCES, OR IF IT'S A MULLIPLE 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.	GRANT FUNDS. DEPENDING ON THE SIZE OF THE GRANT, IT MAY BE A ONE-TIME		
FULFILLED THE GRANT AGREEMENT ONCE THE GRANT PERIOD HAS ENDED. SAFE RIDS EVALUATES THE INFORMATION FOR FUTURE GRANT ISJUARCES, OR IF IT'S A MULTIPLE PAYMENT GRANT, TO DETERMINE WRETHER OR NOT TO ISSUE THE NEXT PAYMENT, SOME OF THE GRANTS MAY BE MONITORED VIA QUARTERLY CONFERENCE CALLS AS WELL.	PAYMENT, OR CONSIST OF MULTIPLE PAYMENTS. GRANT MANAGEMENT IS IN PLACE		
KIDS EVALUATES THE INFORMATION FOR PUTURE GRANT ISSUANCES, OR IF 17'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.	FOR GRANTEES TO REPORT THEIR PROGRAM ACTIVITIES AND DETAIL HOW THEY		
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.	FULFILLED THE GRANT AGREEMENT ONCE THE GRANT PERIOD HAS ENDED. SAFE		
PAYMENT, SOME OF THE GRANTS MAY BE MONITORED VIA QUARTERLY CONFERENCE CALLS AS WELL.	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.		
Cabo da la 1/E anno 000			
Cabo dala 1/E-mar 000			
		وملمما ا	(Earm 000)

932291 04-01-19

(Form 990) For certain Officers. Dreaters, frustness, Key Employees, and Highest Dent to Fully Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Dent to Fully	SC	HEDULE J	Compens	sation Information	1	OMB No. 1	1545-004	47
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Don't E Public Imposedion SATE XLDS WOLLDNIDE SATE XLDS WOLLDNIES SATE XLDS WO						20	10	<u> </u>
Department/Part Interview Depart Part Interview Department/Part Interview Depart Part Interview <thdepart par<="" th=""><td></td><td></td><td></td><td></td><td></td><td>ZU</td><td>IJ</td><td>)</td></thdepart>						ZU	IJ)
International starting Image of the organization Employer identification number 3APE XLDS VORLDWIDE Employer identification number 9APT I Questions Regarding Compensation 1a Check the appropriate box(e) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. 1b Track for companions 1b Task indemnification and gross-up payments 1b Discretionary spending account 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintibutor meas 2 Discretionary spending the COP/Security Director, complete Part III to explain 2 Did the organization require substantiation prior to reintbursing or allowing expenses incurred by all directors, trustees, and officers, including the COP/Security Director, complete Part III to explain 2 Indicate which, if any, of the following the organization used to establish the compensation of the COP/Security Director, but explain IP Art III. 2 Compensation comultate 1a Tack personal services on severation summary or study 1b Targetopic on the severation summary or study 1c During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a supplemental nonqualified retirement plin? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation committee 4 During the year, did any	Depa	tment of the Treasury						ic
SATE XIDE VORLEWIDE Solution Set XIDE SE	Intern	al Revenue Service	Go to www.irs.gov/Form99			-		
Part I Questions Regarding Compensation 4a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Pert VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to explain Image: Complete Part III to provide any relevant information regarding the sequence of personal residuence introduces. Image: Complete Part III to explain Image: Complete Part III to provide any relevant information regarding the intems checked on line 1a? Image: Complete Part III to explain Image: Complete Part III to explain to compute the expenses described above? If 'No,' complete Part III to explain Image: Complete Part III to explain Image: Compensation require explanation consultant Image: Complete Part III to explain Image: Complete Part III to explain Image: Compensation or the COE/Executive Director, tot explain In Part III. Image: Compensation regarding themation to complete Part III.	Nam	e of the organization	1				on nui	nber
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Discretionary spending account Payments for business use of personal residence for personal residence for explaines for companion of all of the expenses described advervices (such as maid, chauffur, chef) Ib 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 advervices (such as maid, chauffur, chef) Ib c Uth eorganization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEV/Executive Director, regarding the items checked on line 1a? Ib c During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to estabilish compensation committee Witten employment? 4a X d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Fa Yes X d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net examings of: Fa					52-16	527574		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: First-Education of the approximation of the organization of the organization regarding these items. Image: First-Education of the approximation of the organization follow a written policy regarding payment or reimbursament or provision of all of the expenses described above? If 'No,'' complete Part III to explain Image: First-Education of the approximation of the organization follow a written policy regarding payment or reimbursament or provision of all of the expenses described above? If 'No,'' complete Part III to explain Image: First-Education of the approximation of the organization or all on the expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: First-Education of the CEO/Executive Director, but explain in Part III. 2 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. Image: First-Education Complete Part III to explain to establish on opensation committee Image: First-Education to establish to compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: First-Education Committee Image: First-Education Education Education Committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to	Pa	rt I Question	s Regarding Compensation					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: the transmittem of the temperature item of temperature items item of temperature items item of temperature items i							Yes	No
Image: Prist-class or charter travel Image: Ima	1a				990,			
Travel for companions Payments for business use of personal residence Tax indemification and gross-up payments Health or social (Jub dues or initiation fees Discretionary spending account Personal services (such as 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 1b 2 Indicate which, if any, of the following the organization provide or methods used by a related organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant X X Independent compensation consultant X Compensation committee Y Independent compensation consultant X Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: A a Receive a severace payment from, a supplemental nonqualified retirement plan? 4a X Contriguet a nor or celve payment from, a supplemental nonqualified retirement plan? 4b X Contriguet a nor orcelve payment from, a supplemental nonqualified retirement plan? 4b X Cony section 501(c)(3), 501(c)(4), and 501(c)(
Tax indemification and grossup payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as 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 expresses described above? If "Noc. complete Part II to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is cEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 3 Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 3 Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Participate in, or receive payment from, an equitybased compensation arrangement? 4b X								
Discretionary spending account Personal services (such as 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III. 2 INC Compensation committee Witten employment contract Image: Indicate which, if any, of the following the organization survey or study To compensation committee Image: Indicate which, if any of the following the organization is CEO/Executive Director, but explain in Part III. Image: I			•					
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9								
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?								<u> </u>
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, d	b	, ,				6b		×
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	_							
 8 Were any amounts reported on 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	7							v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	~							
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	8	-						v
Regulations section 53.4958-6(c)? 9	~							
	9							
							000	2010

932111 10-21-19

52-1627574

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 on 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 aren't 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.

(B) Breakdown of W-2 and/or 1099-MISC compensation			SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) KURT D. NEWMAN, MD	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT / CEO CNMC	(ii)	1,325,831.	769,925.	33,672.	220,876.	47,297.	2,397,601.	0.	
(2) ALEC KING	(i)	0.	0.	0.	0.	0.	0.	0.	
EVP & CHIEF FINANCIAL OFFICER	(ii)	655,110.	629,498.	123,254.	118,159.	36,344.	1,562,365.	79,685.	
(3) MARY ANNE HILLIARD	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD SECRETARY	(ii)	482,118.	263,608.	77,598.	105,434.	51,056.	979,814.	50,567.	
(4) TORINE V. CREPPY	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT OF SKW	(ii)	303,853.	81,750.	7,287.	38,750.	22,535.	454,175.	0.	
(5) MARTHA WILCOX	(i)	0.	0.	0.	0.	0.	0.	٥.	
CHIEF MARKETING OFFICER	(ii)	198,520.	36,252.	4,307.	9,558.	418.	249,055.	٥.	
(6) ANTHONY GREEN	(i)	0.	0.	0.	0.	0.	0.	٥.	
CHIEF ADV & NETWORK OFFICER	(ii)	167,982.	23,804.	3,663.	8,539.	8,054.	212,042.	٥.	
(7) LINE STORGAARD-CONLEY	(i)	0.	0.	0.	0.	٥.	0.	٥.	
DIRECTOR OF DIG STRA & MKTING	(ii)	159,686.	15,396.	1,186.	0.	47.	176,315.	٥.	
(8) JENNIFER MACKAY	(i)	0.	0.	0.	0.	0.	0.	٥.	
DIRECTOR OF RESEARCH	(ii)	137,925.	15,977.	1,930.	7,063.	8,588.	171,483.	٥.	
(9) SHEEL PANDYA	(i)	0.	0.	0.	0.	0.	0.	0.	
NETWORK DIRECTOR	(ii)	131,302.	12,865.	668.	7,005.	16,817.	168,657.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

Page **3**

Part III Supplemental Information

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.

SCHEDULE J, PART I, LINE 3

RELATED ORGANIZATION

SAFE KIDS WORLDWIDE (SKW) EMPLOYED A COMPENSATION COMMITTEE,

INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO DETERMINE REASONABLE

COMPENSATION.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE

INCLUDED IN SCHEDULE J. PART II, AND COLUMN (C) AS PART OF DEFERRED

COMPENSATION.

KURT D. NEWMAN, MD \$ 206,876

ALEC KING \$ 104,159

MARY ANNE HILLIARD \$ 91,434

TORINE V. CREPPY \$24,750

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 52–1627574

SAFE KIDS WORLDWIDE

FORM 990, PART III, LINE 1:

ORGANIZATION'S MISSION

SAFE KIDS WORLDWIDE IS A GLOBAL NONPROFIT DEDICATED TO PROTECTING KIDS

FROM PREVENTABLE INJURIES, THE NUMBER ONE CAUSE OF DEATH TO CHILDREN

AGES 1 TO 19 IN THE UNITED STATES. AROUND THE WORLD, A CHILD DIES EVERY

MINUTE FROM AN INJURY THAT COULD HAVE BEEN PREVENTED. SAFE KIDS

WORLDWIDE IS A RECOGNIZED RESOURCE FOR FAMILIES, OFFERING PRACTICAL

INFORMATION ON PREVENTING INJURIES CAUSED BY MOTOR VEHICLE CRASHES,

FIRES, FALLS, POISONING, DROWNING AND OTHER RISKS. THROUGH MORE THAN

400 COALITIONS IN THE U.S. AND PARTNERS IN MORE THAN 30 COUNTRIES, SAFE

KIDS WORKS WITH CHILDREN'S HOSPITALS, TRAUMA CENTERS, FIRST RESPONDERS

AND PUBLIC HEALTH EXPERTS TO GET LIFE-SAVING INFORMATION TO FAMILIES.

WITH A FOUNDATION OF RESEARCH, SAFE KIDS DELIVERS ON THE MISSION

THROUGH ADVOCACY, EDUCATION, PROGRAMS AND AWARENESS EFFORTS. SINCE

1988, SAFE KIDS HAS HELPED REDUCE THE U.S. CHILDHOOD DEATH RATE FROM

UNINTENTIONAL INJURY BY NEARLY 60 PERCENT.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

CHILDREN'S NATIONAL MEDICAL CENTER DBA CHILDREN'S NATIONAL IS THE SOLE

MEMBER OF SAFE KIDS WORLDWIDE.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STOCKHOLDERS

THE SOLE MEMBER OF SAFE KIDS WORLDWIDE HAS THE RIGHT TO ELECT DIRECTORS OF

SAFE KIDS WORLDWIDE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. S 932211 09-06-19 52

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number 52–1627574

Page 2

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS OR STOCKHOLDERS

THE ARTICLES AND BY-LAWS OF SAFE KIDS WORLDWIDE DESCRIBE CERTAIN RIGHTS

RESERVED TO THE SOLE MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

THE RELEVANT COMMITTEES OF THE ORGANIZATION REVIEW APPLICABLE PORTIONS OF

THE 990. THE FORM 990 IS REVIEWED AND APPROVED BY THE CHAIRPERSON OF THE

AUDIT COMMITTEE OF CHILDREN'S NATIONAL PRIOR TO FILING WITH IRS. SAFE KIDS

WORLDWIDE PROVIDES A COPY OF THE FORM 990 TO THE FULL SAFE KIDS WORLDWIDE

BOARD PRIOR TO FILING WITH THE IRS. THE COMPLETED FORM 990 IS ALSO MADE

AVAILABLE TO THE BOARD OF CHILDREN'S NATIONAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

SAFE KIDS WORLDWIDE IS GOVERNED BY THE POLICIES OF ITS PARENT, CHILDREN'S

NATIONAL. THESE POLICIES INCLUDE A WRITTEN CONFLICT OF INTEREST POLICY, A

WRITTEN WHISTLEBLOWER POLICY, AND A WRITTEN DOCUMENT RETENTION AND

DESTRUCTION POLICY. SAFE KIDS WORLDWIDE ADHERES TO THE SAME CONFLICT OF

INTEREST MONITORING AND ENFORCEMENT PROCEDURES OF ITS PARENT AS FOLLOWS:

CHILDREN'S NATIONAL AND SUBSIDIARIES ASKS 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 TO AMEND

THE CONFLICT OF INTEREST FORM IMMEDIATELY UPON A CHANGE IN STATUS OF ANY OF

THE QUESTIONS ON THE FORM. THESE FORMS ARE REVIEWED ANNUALLY BY THE CHIEF

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

2019.05094 SAFE KIDS WORLDWIDE

53

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SAFE KIDS WORLDWIDE	Employer identification number 52–1627574
LEGAL OFFICER AND CONFLICTS OF INTEREST ARE NOTED. THE CHILDREN'S NATIONAL	
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.	
FORM 990, PART VI, LINES 13 AND 14:	
GOVERNING POLICIES	
SAFE KIDS WORLDWIDE IS GOVERNED BY THE POLICIES OF ITS PARENT, CHILDREN'S	
NATIONAL. THESE POLICIES, WHICH WERE FORMALLY ADOPTED ON MAY 26, 2011,	
INCLUDE A WRITTEN WHISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND	
DESTRUCTION POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION	
SKW EMPLOYED A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT,	
COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION	
COMMITTEE TO DETERMINE REASONABLE COMPENSATION.	
SKW REVIEWS COMPENSATION FOR THE SKW PRESIDENT ON AN ANNUAL BASIS. THE MOST	
RECENT REVIEW OCCURRED IN MARCH 2021.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM	
NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	

SAFE KIDS WORLDWIDE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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Name of the organization		Page Employer identification numbe 52-1627574
SAFE KIDS WORLDWIDE		52-162/5/4
POLICY, AND FINANCIAL STATEMENTS AVAILABLE ONLINE AND UPON RE	QUEST. THE	
FORM 990 IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTING:		
PROGRAM SERVICE EXPENSES	686,647.	
MANAGEMENT AND GENERAL EXPENSES	15,045.	
FUNDRAISING EXPENSES	28,331.	
TOTAL EXPENSES	730,023.	
MAINTENANCE CONTRACTS:		
PROGRAM SERVICE EXPENSES	245,865.	
TOTAL EXPENSES	245,865.	
SUBCONTRACTS :		
PROGRAM SERVICE EXPENSES	7,494.	
FOTAL EXPENSES	7,494.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	983,382.	
332212 09-06-19		Schedule O (Form 990 or 990-EZ) (201

SCHEDULE R (Form 990)	
Department of the Treasury Internal Revenue Service	

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number 52-1627574

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

(a) Name, address, and EIN (if applicable) 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

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

(a)	(b)	(b) (c) (d) (e) (t		(f)	(Section 5	g)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling	cont	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CHILDREN'S HOSPITAL FOUNDATION - 52-1640402							
111 MICHIGAN AVENUE, NW							
WASHINGTON, DC 20010	FUNDRAISING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CNMC		х
CHILDREN'S NATIONAL MEDICAL CENTER -							
52-1640403, 111 MICHIGAN AVENUE, NW,				LINE 12C,			
WASHINGTON, DC 20010	HEALTH CARE	DISTRICT OF COLUMBIA	501(C)(3)	III-FI	N/A		х
CHILDREN'S RESEARCH INSTITUTE - 52-1654453							
111 MICHIGAN AVENUE, NW							
WASHINGTON, DC 20010	RESEARCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 10	CNMC		х
CHILDREN'S HOSPITAL SELF-INSURANCE TRUST -							
52-1640399, 111 MICHIGAN AVENUE, NW,	7			LINE 12C,			
WASHINGTON, DC 20010	INSURANCE	DISTRICT OF COLUMBIA	501(C)(3)	III-FI	сн		х

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

Schedule R (Form 990) 2019

OMB No. 1545-0047

19 20 Open to Public Inspection Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CHILDREN'S HOSPITAL - 53-0196580	_						
111 MICHIGAN AVENUE, NW	_						
WASHINGTON, DC 20010	HEALTH CARE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	CNMC		Х
BRAINY CAMPS ASSOCIATION - 27-1547370							
111 MICHIGAN AVENUE, NW							
WASHINGTON, DC 20010	CHILD CAMPS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	сн		х
CHILDREN'S SCHOOL SERVICES - 81-4291601							
111 MICHIGAN AVENUE, NW							
WASHINGTON, DC 20010	NURSING SVCS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	CNMC		х
THE HSC FOUNDATION - 52-1346603							
111 MICHIGAN AVENUE, NW				LINE 12C,			
WASHINGTON, DC 20010	HEALTH CARE	DISTRICT OF COLUMBIA	501(C)(3)	III-FI	СИМС		х
THE HOSPITAL FOR SICK CHILDREN - 53-0204670							
111 MICHIGAN AVENUE, NW	-						
WASHINGTON, DC 20010	- HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	HSC FNDN		х
HEALTH SVCS FOR CHILDREN W SPEC NEEDS -							
52-1862406, 111 MICHIGAN AVENUE, NW,	-						
WASHINGTON, DC 20010	HEALTH CARE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	HSC FNDN		x
2013 HOLDINGS, INC 27-2882469							
111 MICHIGAN AVENUE, NW	-						
WASHINGTON, DC 20010	HOLDING CO.	DISTRICT OF COLUMBIA	501(C)(2)	N/A	HSC FNDN		x
,							
	-						
	_						
	4						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule		or Percentage ownership
		country)		sections 512-514)			Yes	No		Yes N	o
CNPA - 52-2072589 111 MICHIGAN AVE, NW	-										
WASHINGTON, DC 20010	HEALTH CARE	DC	N/A	N/A				x	N/A	x	
52/53 NMTC LLC - 83-2873855 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	PROPERTY MGMT	DC	N/A	N/A				x	N/A	x	
52/53 HTC LLC - 83-3044006 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	PROPERTY MGMT	DC	N/A	N/A				x	N/A	x	
54 NMTC LLC - 83-3358685 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	PROPERTY MGMT	DC	N/A	N/A				x	N/A	x	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(l contr	(i) ction (b)(13) trolled tity?
		country)		or trust)		assets		Yes	No
CHILDREN'S NATIONAL HEALTH NETWORK -									
52-1996521, 111 MICHIGAN AVENUE, NW,									
WASHINGTON, DC 20010	HEALTH CARE	DC	N/A	C CORP					Х
BEARACUDA RE									
PO BOX 69 KY1-1102		CAYMAN							
GRAND CAYMAN, CAYMAN ISLANDS	REINSURANCE	ISLANDS	N/A	C CORP					х
PEDIATRIC HEALTH NETWORK INC 83-3415276									
12211 PLUM ORCHARD DR., STE 102									
SILVER SPRING, MD 20904	HEALTH CARE	DC	N/A	C CORP					х
BUILDING 52/32 MANAGING MEMBER LLC -									
83-2801690, 111 MICHIGAN AVENUE, NW,									
WASHINGTON, DC 20010	PROPERTY MGMT	DC	N/A	C CORP					х
BUILDING 54 MANAGING MEMBER LLC - 83-3272918	3								
111 MICHIGAN AVENUE, NW									
WASHINGTON, DC 20010	PROPERTY MGMT	DC	N/A	C CORP					х

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	al or Percentage ^{jing} er?
		(state or foreign country)	0	excluded from tax under sections 512-514)		assets	ate allo Yes	-	20 of Schedule K-1 (Form 1065)	partn	er?
		country)		30010113 0 12 0 14)			res	NO		res	
54 HTC LLC - 83-3385522	1										
111 MICHIGAN AVE, NW											
WASHINGTON, DC 20010	PROPERTY MGMT	DC	N/A	N/A				х	N/A	2	:
	_										
	-										
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			:
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		-
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)	1		
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	1 p	x	
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>	x	
s Other transfer of cash or property from related organization(s)		x	

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
_(4)			
(5)			
_(6)			

Schedule R (Form 990) 2019 SAFE KIDS WORLDWIDE

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

EMPLOYEE COMPENSATION

CNMC PERFORMS VARIOUS FUNCTIONS ON BEHALF OF SKW. SKW EMPLOYS NO STAFF

MEMBERS INDEPENDENT OF CNMC. SALARY COSTS ASSOCIATED WITH THE EFFORT OF

INDIVIDUALS WHO FUNCTION IN SKW ACTIVITIES ARE TRANSFERRED TO SKW ON

THE BASIS OF ACTUAL EFFORT. BENEFIT COSTS ARE ALLOCATED TO SKW BASED

ON THE ACTUAL COST OF BENEFITS PROVIDED AND REFLECTED IN THIS RETURN.

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