

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning 07/01, 2008, and ending 06/30, 2009

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2008

Department of the Treasury Internal Revenue Service

See instructions on back.

Name of exempt organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

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

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). 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.

Table with 2 columns: Line number and Amount. Rows include Form 990 check here (checked), Form 990-EZ check here, Form 1120-POL check here, Form 990-PF check here, and Form 8868 check here. Amount for line 1b is 10659710.

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and 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 processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

Date

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature

Date

Check if also paid preparer

Check if self-employed

ERO's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

PRICEWATERHOUSECOOPERS, LLP
1301 K STREET NW, SUITE 800W
WASHINGTON DC 20005

EIN 13-4008324

Phone no. 202-414-1000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2008)

Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SAFE KIDS WORLDWIDE		D Employer identification number 52-1627574
		Doing Business As		E Telephone number (202) 662-0600
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1301 PENNSYLVANIA AVENUE, NW		G Gross receipts \$ 10,659,710.
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20004		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
F Name and address of principal officer: EDWARD K ZECHMAN JR 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SAFEKIDS.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1990	
			M State of legal domicile: DC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SAFE KIDS WORLDWIDE IS GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF KILLER OF CHILDREN 14 AND UNDER.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of employees (Part V, line 2a)	5	NONE
	6	Total number of volunteers (estimate if necessary)	6	11
	7	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
	b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	15,298,651.	9,350,159.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,182,028.	1,057,859.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,141.	NONE
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,523,820.	10,659,710.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,724,727.	3,198,127.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,857,956.	4,760,799.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	16b	Total fundraising expenses, Part IX, column (D), line 25 ▶ 1,057,729.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,897,062.	6,499,118.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,479,745.	14,458,044.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	4,044,075.	-3,798,334.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	8,358,419.	6,115,307.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,317,509.	3,341,381.
			7,040,910.	2,773,926.

Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	MAY 14 2010	<input type="checkbox"/>	P00394681
		1301 K STREET NW, SUITE 800W WASHINGTON, DC 20005	EIN	13-4008324
			Phone no.	202-414-1000

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

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

Form 990 (2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
	Number, street, and room or suite no. If a P.O. box, see instructions. 1301 PENNSYLVANIA AVENUE, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20004	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► THE ORGANIZATION

Telephone No. ► _____ FAX No. ► _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning JULY 1, 2008, and ending JUNE 30, 2009.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	N/A
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	N/A
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
	Number, street, and room or suite no. If a P.O. box, see instructions. 1301 PENNSYLVANIA AVENUE, NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20004	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 17, 2010.
- 5 For calendar year _____, or other tax year beginning JULY 1, 2008, and ending JUNE 30, 2009.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension TAXPAYER IS AWAITING INFORMATION FROM THIRD PARTIES WHICH IS NECESSARY TO PREPARE AND COMPLETE AN ACCURATE RETURN. ADDITIONAL TIME TO FILE IS REQUESTED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	N/A
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	N/A
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **TAX MANAGER** Date 2-12-10

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,881,048. including grants of \$ 1,261,488.) (Revenue \$ NONE)

SEE STATEMENT 2

4b (Code: _____) (Expenses \$ 1,671,025. including grants of \$ 1,160,739.) (Revenue \$ NONE)

SEE STATEMENT 2

4c (Code: _____) (Expenses \$ 901,322. including grants of \$ 85,620.) (Revenue \$ 1,057,859.)

SEE STATEMENT 3

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 4
(Expenses \$ 4,581,759. including grants of \$ 690,281.) (Revenue \$ NONE)

4e Total program service expenses ► \$ 10,035,154. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?		
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE STATEMENT 5
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CORPORATE OFFICERS 1301 PENNSYLVANIA AVE NW WASHINGTON, DC 20004
(202) 662-0610

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN CLASTER VICE CHAIRMAN	1.	X		X				NONE	NONE	NONE
JOHN FORMISANO SECRETARY/TREASURER	1.	X		X				NONE	NONE	NONE
DIANA GOLDBERG CHAIRMAN	1.	X		X				NONE	NONE	NONE
MITCHELL STOLLER BOARD MEMBER/CEO	55.	X		X				NONE	222,717.	10,973.
EDWIN K ZECHMAN JR PRESIDENT	3.	X		X				NONE	1,956,799.	30,830.
NORMAN BARKER BOARD MEMBER	1.	X						NONE	NONE	NONE
JACQUELINE BOWENS BOARD MEMBER	3.	X						NONE	686,518.	47,334.
KIMBERLY EGAN BOARD MEMBER	1.	X						NONE	NONE	NONE
STEPHEN O'TOOLE BOARD MEMBER	1.	X						NONE	NONE	NONE
DANA POINTS BOARD MEMBER	1.	X						NONE	NONE	NONE
WHAYNE QUIN BOARD MEMBER (LEFT 12/2008)	1.	X						NONE	NONE	NONE
MARSHA SCARBROUGH BOARD MEMBER (LEFT 12/2008)	1.	X						NONE	NONE	NONE
RAYMOND SCZUDLO BOARD MEMBER	6.	X						NONE	970,699.	31,126.
ORLY SILBINGER BOARD MEMBER	1.	X						NONE	NONE	NONE
DAVID SWEARIGEN BOARD MEMBER	1.	X						NONE	NONE	NONE

Part VIII Statement of Revenue

52-1627574

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 4,835.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 541,800.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,803,524.			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		9,350,159.		
Program Service Revenue	2a <u>INCOME FROM CERTIFICATIONS</u>	Business Code	1,057,859.	1,057,859.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		1,057,859.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		NONE		
	4 Income from investment of tax-exempt bond proceeds		NONE		
	5 Royalties		NONE		
	6a Gross Rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)		NONE		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)		NONE		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events		NONE		
	9a Gross income from gaming activities. See Part IV, line 19.	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities		NONE		
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory		NONE			
Miscellaneous Revenue		Business Code			
11a PUBLICATIONS		232,342.	232,342.		
b MISCELLANEOUS REVENUE		19,350.	19,350.		
c					
d All other revenue					
e Total. Add lines 11a-11d		251,692.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10,659,710.	1,309,551.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	2,175,949.	2,175,949.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,022,178.	1,022,178.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	4,113,649.	2,580,924.	645,923.	886,802.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	647,150.	647,150.		
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (non-employees):				
a	Management	NONE			
b	Legal	63,660.	11,741.	50,249.	1,670.
c	Accounting	NONE			
d	Lobbying	NONE			
e	Professional fundraising services. See Part IV, line 17	NONE			
f	Investment management fees	NONE			
g	Other	1,291,751.	1,170,433.	80,281.	41,037.
12	Advertising and promotion	539,058.	507,135.	127.	31,796.
13	Office expenses	672,943.	608,004.	44,277.	20,662.
14	Information technology	184,932.	143,474.	41,458.	
15	Royalties	NONE			
16	Occupancy	617,996.	12,608.	605,388.	
17	Travel	484,218.	380,731.	61,599.	41,888.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	442,479.	443,249.	-770.	
20	Interest	2,000.	2,000.		
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	48,269.	20,176.	19,115.	8,978.
23	Insurance	NONE			
24	Other expenses. (Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	OVERHEAD -----	1,742,901.		1,742,901.	
b	SAFETY DEVICES AND EQUIPMENT -----	92,156.	92,156.		
c	REPAIRS AND MAINTENANCE -----	109,915.	78,515.	27,619.	3,781.
d	OTHER MISCELLANEOUS -----	195,842.	138,731.	35,996.	21,115.
e	RECRUITMENT -----	10,998.		10,998.	
f	All other expenses -----				
25	Total functional expenses. Add lines 1 through 24f	14,458,044.	10,035,154.	3,365,161.	1,057,729.
26	Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	264,422.	1	30,684.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,259,063.	3	2,473,583.
	4 Accounts receivable, net	93,941.	4	63,422.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	290,628.	8	NONE
	9 Prepaid expenses and deferred charges	15,096.	9	64,053.
	10a Land, buildings, and equipment: cost basis	10a 527,821.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 241,552.	10c	286,269.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,333,645.	15	3,197,296.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,358,419.	16	6,115,307.	
Liabilities	17 Accounts payable and accrued expenses	1,284,932.	17	912,014.
	18 Grants payable		18	
	19 Deferred revenue	12,603.	19	10,047.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D	19,974.	25	2,419,320.
	26 Total liabilities. Add lines 17 through 25.	1,317,509.	26	3,341,381.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,145,154.	27	-2,837,918.
	28 Temporarily restricted net assets	5,895,756.	28	5,611,844.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,040,910.	33	2,773,926.
	34 Total liabilities and net assets/fund balances.	8,358,419.	34	6,115,307.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **SAFE KIDS WORLDWIDE** Employer identification number: **52-1627574**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 7									
Total									NONE

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See Instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		250.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		42,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			42,250.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1F

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

SAFE KIDS WORLDWIDE

52-1627574

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

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

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

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

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		51,066.	9,676.	41,390.
d Equipment		333,159.	88,280.	244,879.
e Other		143,596.	143,596.	
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				286,269.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	3,197,296.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	3,197,296.

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATES	2,410,949.
CAPITAL LEASE OBLIGATION	8,371.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	2,419,320.

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

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (10,659,710); Line 2: Total expenses (14,458,044); Line 3: Excess or (deficit) for the year (-3,798,334); Line 7: Prior period adjustments (-468,650); Line 9: Total adjustments (net) (-468,650); Line 10: Excess or (deficit) for the year per financial statements (-4,266,984).

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

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (10,732,732); Line 2e: Add lines 2a through 2d (73,022); Line 3: Subtract line 2e from line 1 (10,659,710); Line 4c: Add lines 4a and 4b; Line 5: Total revenue (10,659,710).

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

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (14,531,066); Line 2e: Add lines 2a through 2d (73,022); Line 3: Subtract line 2e from line 1 (14,458,044); Line 4c: Add lines 4a and 4b; Line 5: Total expenses (14,458,044).

Part XIV Supplemental Information

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

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SAFE KIDS WORLDWIDE

52-1627574

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	PEDESTRIAN/HOME SAFETY	26,373.
EAST ASIA AND THE PACIFIC	1	1	GRANTMAKING	PEDESTRIAN/HOME SAFETY	656,658.
SOUTH ASIA	NONE	NONE	GRANTMAKING	PEDESTRIAN/HOME SAFETY	206,457.
EUROPE	NONE	NONE	GRANTMAKING	PEDESTRIAN/HOME SAFETY	15,000.
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING	PEDESTRIAN/HOME SAFETY	41,690.
NORTH AMERICA	NONE	NONE	GRANTMAKING	PEDESTRIAN/HOME SAFETY	6,000.
SOUTH AMERICA	NONE	NONE	GRANTMAKING	PEDESTRIAN/HOME SAFETY	70,000.
Totals	1	1			1,022,178.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule F (Form 990) 2008

Part IV Supplemental Information

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

SCHEDULE F, LINE 2:

SAFE KIDS WORLDWIDE WORKS WITH THE MEMBER COUNTRY GRANTEE AND THE FUNDER TO DEVELOP AND NEGOTIATE THE SPECIFIC BUDGET AND DELIVERABLES FOR EACH GRANT. ONCE THIS IS COMPLETED, THE FUNDER SENDS A CHECK TO SAFE KIDS WORLDWIDE. SAFE KIDS WORLDWIDE DEPOSITS THE CHECK AND THEN PREPARES A GRANT AGREEMENT BETWEEN SAFE KIDS WORLDWIDE AND THE MEMBER COUNTRY GRANTEE, SPECIFYING EXACTLY HOW THE GRANTEE WILL SPEND THE GRANT FUNDS. AFTER SAFE KIDS WORLDWIDE RECEIVES THE SIGNED GRANT AGREEMENT FROM THE MEMBER COUNTRY GRANTEE, SAFE KIDS WORLDWIDE WIRES THE FUNDS TO THE MEMBER COUNTRY. DURING THE GRANT PERIOD THE GRANTEES SEND MONTHLY ACCOUNTING AND PROGRAM REPORTS TO SAFE KIDS WORLDWIDE AND TAKE PART IN MONTHLY CONFERENCE CALLS TO MONITOR PROGRESS TOWARD THE AGREED UPON DELIVERABLES.

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA/PACIFIC	CHILD SAFETY	7,500.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	85,000.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	67,162.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	85,479.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	153,790.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	6,000.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	7,500.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	96,559.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	6,000.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	7,500.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	11,000.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	7,500.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	6,105.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	74,063.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	6,000.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	7,500.	WIRE	NONE	NONE	NONE
			EAST ASIA/PACIFIC	CHILD SAFETY	12,000.	WIRE	NONE	NONE	NONE
			SOUTH AMERICA	CHILD SAFETY	64,000.	WIRE	NONE	NONE	NONE
			SOUTH AMERICA	CHILD SAFETY	6,000.	WIRE	NONE	NONE	NONE

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

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

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

52-1627574

SAFE KIDS WORLDWIDE

Part I General information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Table with 7 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Content includes 'SEE SCHEDULE I-1' and a total count of 149.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

SCHEDULE I, PART I, LINE 2

WHEN GRANT FUNDS ARE AVAILABLE, THE ORGANIZATION WILL INFORM THE COALITIONS VIA MAIL OR POST A "REQUEST FOR PROPOSAL" ON THE SAFE KIDS NETWORK. THE PROPOSALS ARE REVIEWED BY A VARIETY OF INDIVIDUALS IN HOUSE AND OUTSIDE THE ORGANIZATION FOR THEIR ABILITY TO SUPPORT THE VARIOUS SAFE KIDS INITIATIVES. UPON SELECTION, THE COALITION IS SENT AN AWARD LETTER AND SIGNS A GRANT AGREEMENT. SAFE KIDS THEN DISTRIBUTES THE GRANT CHECK, DEPENDING ON THE SIZE OF THE GRANT, IT MAYBE BE A ONE-TIME PAYMENT, OR CONSIST OF MULTIPLE PAYMENTS. AN ONLINE GRANT MANAGEMENT TOOL

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

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

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

KIDS EVALUATES THE INFORMATION FOR FUTURE GRANT ISSUANCES. OR IF IT'S A

MULTIPLE PAYMENT GRANT, TO DETERMINE WHETHER OR NOT TO ISSUE THE NEXT

PAYMENT. SOME OF THE GRANTS MAY BE MONITORED VIA QUARTERLY CONFERENCE

CALLS AS WELL.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAFE KIDS WORLDWIDE

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

52-1627574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS ORANGE COUNTY 455 SOUTH MAIN STREET ORANGE, CA 92868	95-2321786	501(C)(3)	58,749.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NW METRO MINNEAPOLIS 3300 OAKDALE AVE N ROBBINSDALE, MN 55422	41-0729979	501(C)(3)	37,525.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS LOUISIANA STATE 1010 COMMON ST NEW ORLEANS, LA 70112	72-6000821	LA DEPT HEALTH	32,000.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS TAMPA 1401-A E. FOWLER AVE. TAMPA, FL 33612	59-0774199	501(C)(3)	31,775.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS DISTRICT OF COLUMBIA 2233 WISCONSIN AVE NW WASHINGTON, DC 20007	53-0196580	501(C)(3)	26,691.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS PENNSYLVANIA STATE 275 GRANDVIEW AVE CAMP HILL, PA 17011	23-1743451	CTR FOR SCHOOL	23,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS GRAND FORKS 860 SOUTH COLUMBIA RD GRAND FORKS, ND 58201	45-0310462	501(C)(3)	23,190.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SPRINGFIELD 1570 W BATTLEFIELD SPRINGFIELD, MO 65807	44-0552485	501(C)(3)	22,175.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WESTERN MASSACHUSETTS 50 MAPLE STREET SPRINGFIELD, MA 01105	04-2790311	501(C)(6)	21,673.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WASHTEENAW COUNTY 1500 E MEDICAL CTR DR ANN ARBOR, MI 48109	38-6006309	501(C)(3)	20,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NYC-MANHATTAN, BRONX, STATEN ISLA 59 MAIDEN LANE NEW YORK, NY 10038	13-3546711	501(C)(8)	20,050.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS PEORIA AREA 530 NE GLEN OAK AVE PEORIA, IL 61637	37-0662569	501(C)(3)	20,046.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MISSISSIPPI 1304 VINE STREET JACKSON, MS 39202	41-2159999	501(C)(3)	17,947.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS DENVER METRO 13123 E. 16TH AVE. B911 AGRORA, CO 80045	84-0166760	501(C)(3)	17,288.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS KENTUCKY STATE 333 WALLER AVE. STE 202 LEXINGTON, KY 40504	61-6033693	KY DEPT HEALTH	16,885.	NONE	NONE	NONE	SAFETY INITIATIVES

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

SAFE KIDS WORLDWIDE
52-1621574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS WYOMING STATE 214 EAST 23RD STREET CHEYENNE, WY 82001	83-0236858	501(C)(3)	16,050.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS TRIDENT AREA 261 CALHOUN STREET CHARLESTON, SC 29425	57-1098556	501(C)(3)	15,783.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NEBRASKA STATE 301 CENTENNIAL MALL SOUTH LINCOLN, NE 68509	47-0491233	DEPT HEALTH	15,250.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MINNESOTA STATE 474 CONCORDIA AVE ST. PAUL, MN 55103	41-0418405	501(C)(3)	14,600.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS CONNECTICUT STATE 282 WASHINGTON STREET HARTFORD, CT 06106	06-0646755	501(C)(7)	14,563.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS CHARLOTTE MECKLENBURG 441 BEARDMONT AVE CHARLOTTE, NC 28204	20-8141442	501(C)(12)	14,550.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MONTANA STATE 1235 BIRCH AVE.-STE 1 HELENA, MT 59601	81-0436517	501(C)(3)	14,550.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MICHIGAN STATE 109 W MICHIGAN AVE LANSING, MI 48913	38-3442425	501(C)(3)	14,544.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS GREATER TOLEDO 2142 N. COVE BLVD. HMT 940 TOLEDO, OH 43606	34-4428256	501(C)(3)	14,175.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SOUTHEASTERN PA 1121 E CHESTNUT JEFFERSONVILLE, PA 19403	23-1352166	501(C)(14)	13,800.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NEW JERSEY STATE 6 COMMERCE DRIVE CRANFORD, NJ 07016	22-1500567	501(C)(3)	13,750.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS INDIANA STATE 575 WEST DRIVE INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	13,325.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WINDHAM COUNTY-VT PO BOX 593 BRATTLEBORO, VT 05302	03-0357346	501(C)(5)	13,300.	NONE	NONE	NONE	SAFETY INITIATIVES
CA-SAFE KIDS WEST LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	13,092.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MONTGOMERY COUNTY 100 MARYLAND AVE ROCKVILLE, MD 20850	52-6000980	FIRE RESCUE	13,000.	NONE	NONE	NONE	SAFETY INITIATIVES

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

52-1627574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS WORLDWIDE							
SAFE KIDS GREATER HOUSTON 2450 HOLCOMBE ST HOUSTON, TX 77021	74-1100555	501(C)(3)	12,800.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS GREATER SACRAMENTO 6501 COYLE AVE. CARMICHAEL, CA 95608	94-1196203	501(C)(3)	12,400.	NONE	NONE	NONE	SAFETY INITIATIVES
OH-SAFE KIDS UNION COUNTY 1970 WEST BROAD STREET COLUMBUS, OH 43223	31-6400087	HEALTH DEPT	11,886.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS DALLAS AREA 1935 MEDICAL DISTRICT DR DALLAS, TX 75235	75-2062015	501(C)(3)	11,750.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS CALIFORNIA PO BOX 516 CHICAGO PARK, CA 95712	94-1196203	501(C)(3)	11,650.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS CLARK COUNTY 520 SE 155TH AVE VANDOVER, WA 98664	86-0858427	501(C)(3)	11,475.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS FLORIDA STATE 4052 BALD CYPRESS WAY TALLAHASSEE, FL 32399	59-2502843	EL STATE HEALTH	11,400.	NONE	NONE	NONE	SAFETY INITIATIVES
OH SAFE KIDS GREATER CLEVELAND 10524 EUCLID AVE CLEVELAND, OH 44106	34-1567805	501(C)(3)	11,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS COBB COUNTY 330 KENNESSTONE HOSP BLVD MARIETTA, GA 30008	58-1517015	HEALTH DEPT	11,275.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS QUAD CITIES 801 ILLINI DRIVE SILVIS, IL 61282	42-1420718	501(C)(3)	11,025.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS GREATER GREEN BAY 1870 COFRIN DRIVE GREEN BAY, WI 54302	39-1775125	501(C)(3)	10,975.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS AUSTIN 4900 MOBELER BLVD AUSTIN, TX 78723	74-1109643	501(C)(3)	10,950.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS TULSA AREA 5353 E 68 ST TULSA, OK 74136	73-0700090	501(C)(3)	10,875.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SAULT LAKE COUNTY 788 EAST WOODLAKE LANE MURRAY, UT 84107	87-6000316	HEALTH DEPT	10,600.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS ELKHART COUNTY 608 OAKLAND AVE ELKHART, IN 46516	35-1877002	501(C)(3)	10,550.	NONE	NONE	NONE	SAFETY INITIATIVES

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAFE KIDS WORLDWIDE

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

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Employer identification number

52-1627574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PA SAFE KIDS DAUPHIN COUNTY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	501(C)(3)	10,375.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NASSAU COUNTY 175 COMMUNITY DRIVE GREAT NECK, NY 11021	11-3418133	501(C)(3)	10,250.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WISCONSIN STATE 1900 SOUTH AVE C05-001 LACROSSE, WI 54601	39-1500074	501(C)(3)	10,200.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS METRO DETROIT 3901 BEAUBIEN BLVD. DETROIT, MI 48201	38-1357994	501(C)(3)	9,875.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS CENTRAL SHENANDOAH VALLEY 101 NORTH MAIN ST HARRISONBURG, VA 22802	54-6001343	FIRE DEPT	9,600.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NEW HAMPSHIRE STATE 1 MEDICAL CENTER DR LEBANON, NH 03756	01-0473083	501(C)(3)	9,550.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS TRI-CITIES 2620 W FAIDLEY AVE GRAND ISLAND, NE 68803	47-0630267	501(C)(3)	9,150.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS VERMONT STATE 199 MAIN ST STE 150 BURLINGTON, VT 05401	03-0332426	501(C)(4)	9,150.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SAVANNAH 420 MALL BLVD., STE A SAVANNAH, GA 31406	58-6003763	HEALTH DEPT	9,075.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS OREGON 800 NE OREGON STREET PORTLAND, OR 97232	93-6001752	OR DEPT HEALTH	9,025.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS METRO SAN ANTONIO 4502 MEDICAL DRIVE SAN ANTONIO, TX 78229	74-1109665	501(C)(3)	8,950.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NORTHERN NEW JERSEY 100 MADISON AVE MORRISTOWN, NJ 07960	52-1958352	501(C)(3)	8,913.	NONE	NONE	NONE	SAFETY INITIATIVES
ID SAFE KIDS TREASURE VALLEY 103 W STATE STREET BOISE, ID 83702	82-0161600	501(C)(3)	8,850.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS KALAMAZOO COUNTY 601 JOHN ST. KALAMAZOO, MI 49007	38-328275	501(C)(3)	8,800.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NEW LONDON COUNTY 234 STATE STREET NEW LONDON, CT 06320	06-0646704	501(C)(3)	8,800.	NONE	NONE	NONE	SAFETY INITIATIVES

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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Part II and Part III, Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

52-1627574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS PALM BEACH CO. 5325 GREENWOOD AVE W PALM BEACH, FL 33407	59-2704597	501(C)(3)	8,613.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SHANNEE COUNTY 621 SE SWYGART TOPEKA, KS 66607	48-0780983	501(C)(3)	8,550.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS KANSAS STATE 1000 SW JACKSON, STE 230 TOPEKA, KS 66612	48-1167349	501(C)(3)	8,540.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS JOHNSON COUNTY 500 EAST MARKET STREET IOWA CITY, IA 52245	42-0680391	501(C)(3)	8,475.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS OKLAHOMA STATE 940 NE 13TH ST OKLAHOMA CITY, OK 73104	82-0565616	OK DEPT HEALTH	8,425.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS LOUISVILLE AND JEFFERSON COUNTY 315 E BROADWAY LOUISVILLE, KY 40202	61-0703799	501(C)(3)	8,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MARICOPA COUNTY 444 SW 4TH STREET ONTARIO, OR 97914	86-0761964	501(C)(3)	8,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NEWTON/JASPER 2914 E. 32ND STREET JOPLIN, MO 64804	43-1801349	501(C)(3)	8,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS GREATER DAYTON 1 CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	8,163.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS POTTAWATOMIE COUNTY ONE S.E. 2ND AVE PORTLAND, OR 97214	95-3545901	501(C)(3)	8,050.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SAN DIEGO 3020 CHILDRENS WAY SAN DIEGO, CA 92123	43-0738490	501(C)(3)	8,050.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS ST. LOUIS 1465 S. GRAND ST. LOUIS, MO 63105	93-0567420	501(C)(3)	8,050.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS STARK COUNTY 3951 CONVENIENCE CIR. NW CANTON, OH 44718	34-1868289	501(C)(3)	8,000.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WICHITA AREA 2622 W. CENTRAL STE 102 WICHITA, KS 67203	02-0798812	501(C)(3)	8,000.	NONE	NONE	NONE	SAFETY INITIATIVES
TN-SAFE KIDS GREATER KNOX AREA 2018 CLINCH AVE KNOXVILLE, TN 37916	629 6002604	501(C)(3)	7,975.	NONE	NONE	NONE	SAFETY INITIATIVES

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

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Inspection**

Employer identification number

52-1627574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS NEW YORK STATE 175 COMMUNITY DRIVE GREAT NECK, NY 11021	11-3418133	501(C)(3)	7,850.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS GREATER FLINT 1 HURLEY PLAZA FLINT, MI 48503	38-3085047	501(C)(3)	7,844.	NONE	NONE	NONE	SAFETY INITIATIVES
IA SAFE KIDS IOWA STATE 1200 PLEASANT STREET DES MOINES, IA 50309	42-1467682	501(C)(3)	7,800.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS ARMS COUNTY 330 VERMONT STREET QUINCY, IL 62301	37-6000379	HEALTH DEPT	7,775.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS ALASKA STATE P.O BOX 196604 ANCHORAGE, AK 99508	48-1188053	501(C)(3)	7,725.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS DOUGLAS CO. 325 MAINE STREET LAWRENCE, KS 66044	92-0016429	501(C)(3)	7,725.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS PIERCE COUNTY 1112 S. 5TH STREET TACOMA, WA 98405	91-1352172	501(C)(3)	7,675.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS GALLATIN COUNTY 317 EAST MENDENHALL ST BOZEMAN, MT 59715	36-3779018	501(C)(3)	7,550.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS VENTURA COUNTY 2125 KNOLL DRIVE, STE 200 VENTURA, CA 93003	95-2944459	501(C)(3)	7,475.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS COCONINO COUNTY 2625 N. KING STREET FLAGSTAFF, AZ 86004	86-6000441	HEALTH DEPT	7,425.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS DURHAM COUNTY 226 MILTON ROAD DURHAM, NC 27712	56-2070036	501(C)(3)	7,375.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MAGIC VALLEY 598 ADDISON AVE, WEST TWIN FALLS, ID 83303	56-2570686	501(C)(3)	7,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MAINE STATE 68 MARGINAL WAY PORTLAND, ME 04101	01-0473083	501(C)(3)	7,275.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS BLUE MOUNTAIN 209 W POPULAR WALLA WALLA, WA 99362	51-0216586	501(C)(3)	7,125.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS FLORIDA SUNCOAST 801 6TH ST SOUTH ST. PETERSBURG, FL 33701	59-0683252	501(C)(3)	7,075.	NONE	NONE	NONE	SAFETY INITIATIVES

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

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2008

**Open to Public
Inspection**

Employer identification number

52-1627574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS WORLDWIDE							
SAFE KIDS CHICAGO	36-2170833	501(C)(3)	7,050.	NONE	NONE	NONE	SAFETY INITIATIVES
2300 CHILDRENS PLAZA CHICAGO, IL 60614							
SAFE KIDS JOESS HILLS	42-1028417	AREA EDD AGENCY	7,050.	NONE	NONE	NONE	SAFETY INITIATIVES
2600 SOUTH 9TH ST COUNWELL BLOFFS, IA 51501							
SAFE KIDS LEMOIR COUNTY	56-6000674	501(C)(3)	7,000.	NONE	NONE	NONE	SAFETY INITIATIVES
100 AIRPORT ROAD KINSTON, NC 28501							
SAFE KIDS LINCOLN-LANCASTER CO.	47-6006256	HEALTH DEPT	7,000.	NONE	NONE	NONE	SAFETY INITIATIVES
3140 N STREET LINCOLN, NE 68510							
TN SAFE KIDS MID-SOUTH	62-1872938	501(C)(3)	6,950.	NONE	NONE	NONE	SAFETY INITIATIVES
850 POPLAR AVE., BLDG ONE MEMPHIS, TN 38105							
SAFE KIDS SOUTHEAST WISCONSIN	39-1500074	501(C)(3)	6,925.	NONE	NONE	NONE	SAFETY INITIATIVES
1533 NORTH RIVER CTR DR MILWAUKEE, WI 53212							
SAFE KIDS NORTH CAROLINA STATE/OSFM	56-1401519	DEPT OF INSUR	6,900.	NONE	NONE	NONE	SAFETY INITIATIVES
1202 MAIL SERVICE CENTER RALEIGH, NC 27699							
NC-SAFE KIDS PITT COUNTY	56-0585243	501(C)(3)	6,800.	NONE	NONE	NONE	SCHOOL SAFETY
2100 STANTONSBURG ROAD GREENVILLE, NC 27835							
SAFE KIDS FARGO/MOORHEAD	45-0398104	501(C)(3)	6,750.	NONE	NONE	NONE	SAFETY INITIATIVES
801 NORTH BROADWAY FARGO, ND 58122							
SAFE KIDS MIAMI-DADE COUNTY	59-0638499	501(C)(3)	6,750.	NONE	NONE	NONE	SAFETY INITIATIVES
3100 SW 62ND AVE MIAMI, FL 33158							
SAFE KIDS FAYETTE COUNTY	61-6001218	501(C)(3)	6,725.	NONE	NONE	NONE	SAFETY INITIATIVES
800 ROSE STREET LEXINGTON, KY 40536							
SAFE KIDS MACON COUNTY	37-6001309	HEALTH DEPT	6,725.	NONE	NONE	NONE	SAFETY INITIATIVES
1221 E CONDIT DECATUR, IL 62521							
SAFE KIDS METRO KANSAS CITY	43-1897000	501(C)(3)	6,675.	NONE	NONE	NONE	SAFETY INITIATIVES
6400 PROSPECT KANSAS CITY, MO 64132							
SAFE KIDS CARROLL COUNTY	52-6002033	HEALTH DEPT	6,631.	NONE	NONE	NONE	SAFETY INITIATIVES
290 SOUTH CENTER ST WESTMINSTER, MD 21157							
SAFE KIDS YORK COUNTY	23-1352222	501(C)(15)	6,550.	NONE	NONE	NONE	SAFETY INITIATIVES
1101 S. EDGAR ST., STE F YORK, PA 17403							

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS CASCADE COUNTY 115 4TH STREET, SOUTH GREAT FALLS, MT 59401	81-6001343	HEALTH DEPT	6,500.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WAUSAU AREA 333 PINE RIDGE BLVD. WAUSAU, WI 54401	39-1256656	501 (C) (3)	6,425.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS VOLUSTIA/FLAGLER COUNTIES 400 N CLYDE MORRIS DAYTONA BEACH, FL 32114	59-3216270	501 (C) (3)	6,375.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WASHINGTON STATE 243 ISRAEL RD SE OLYMPIA, WA 98504	91-1444603	WA DEPT HEALTH	6,350.	NONE	NONE	NONE	SAFETY INITIATIVES
KS-SAFE KIDS POTTAWATOMIE COUNTY 320 MAIN ST WESTMORELAND, KS 66549	27-0054012	501 (C) (3)	6,300.	NONE	NONE	NONE	ENVRNMT TASK FORCE
SAFE KIDS WASHOE COUNTY 450 EDISON WAY RENO, NV 89502	20-2830179	501 (C) (10)	6,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS CENTRAL OHIO 240 PARSONS AVE COLUMBUS, OH 43215	83-0393917	501 (C) (3)	6,275.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS GREATER DES MOINES 1200 PLEASANT STREET DES MOINES, IA 50309	42-1467682	501 (C) (3)	6,175.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS TUSCARAWAS COUNTY 897 EAST IRON AVE. DOVER, OH 44622	34-6002853	HEALTH DEPT	6,150.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS CAPE FEAR 2029 SOUTH 17TH STREET WILMINGTON, NC 28401	56-6000324	HEALTH DEPT	6,125.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS LOS ANGELES 1200 N STATE ST LOS ANGELES, CA 90033	95-1690977	501 (C) (3)	6,125.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS DAVIS COUNTY 50 E. STATE ST. FARMINGTON, UT 84025	87-6000297	HEALTH DEPT	6,050.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS LAKESHORE 11172 ADAMS STREET ROLLAND, MI 49423	38-2752328	501 (C) (3)	6,050.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS NORTH DAKOTA 1640 BURNT BOAT DRIVE BISMARCK, ND 58503	45-0353009	501 (C) (3)	6,050.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SPOKANE 1101 N. COLLEGE STE 401 SPOKANE, WA 99201	91-1527532	HEALTH DEPT	5,975.	NONE	NONE	NONE	SAFETY INITIATIVES

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

52-1627574

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS UTAH STATE							
514 INNES STREET SALISBURY, NC 28144	02-0798812	HEALTH DEPT	5,975.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MISSOULA							
2827 FORT MISSOULA RD MISSOULA, MT 59804	81-6001397	HEALTH DEPT	5,925.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WAKE COUNTY							
3000 NEW BERN AVE RALEIGH, NC 27610	56-6017737	501(C)(3)	5,925.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS VIRGINIA STATE							
401 N 12TH ST RICHMOND, VA 23298	54-6001758	VC MED CTR	5,900.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MIDDLESEX COUNTY							
ONE ROBERT WOOD PL NEW BRUNSWICK, NJ 08903	22-1487243	501(C)(1)(3)	5,875.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WAYNE COUNTY							
800 N WILLIAM ST. GOLDSBORO, NC 27530	56-2054262	501(C)(3)	5,850.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SNOWHISH COUNTY							
916 PACIFIC AVE EVERETT, WA 98206	13-4219820	501(C)(9)	5,825.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS COMBERLAND VALLEY							
3401 WEST END AVE NASHVILLE, TN 37203	62-0476822	501(C)(3)	5,813.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS KITSAP COUNTY							
1780 NW MYHRE RD SILVERDALE, WA 98383	91-1352172	501(C)(3)	5,725.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS DOUGLAS COUNTY							
6770 SELMAN DR. DOUGLASVILLE, GA 30134	58-1519140	HEALTH DEPT	5,708.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS ALLEGHENY COUNTY							
4117 PENN AVE STE 2111 PITTSBURGH, PA 15201	25-0402510	501(C)(3)	5,700.	NONE	NONE	NONE	SAFETY INITIATIVES
OH SAFE KIDS SUMMIT COUNTY							
ONE PERKINS SQUARE AKRON, OH 44308	34-0714357	501(C)(3)	5,600.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS MIDLANDS							
5 RICHLAND MED PARK DR COLUMBIA, SC 29203	57-0725699	501(C)(3)	5,550.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS BLAIR COUNTY							
620 HOWARD AVE ALTOONA, PA 16601	23-1352155	501(C)(3)	5,475.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS FAIRFIELD COUNTY							
1587 GRANVILLE PIKE LANCASTER, OH 43130	56-2383523	501(C)(3)	5,438.	NONE	NONE	NONE	SAFETY INITIATIVES

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

**Open to Public
Inspection**

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS HUNTSVILLE 120 GOVERNORS DRIVE HUNTSVILLE, AL 35801	63-1250724	501(C)(3)	5,425.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS ALABAMA 1600 7TH AVE, SOUTH BIRMINGHAM, AL 35233	63-0307306	HEALTH DEPT	5,350.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS TUCSON 5301 EAST GRANT ROAD TUCSON, AZ 85712	86-0137567	501(C)(3)	5,350.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS ROGUE VALLEY 200 S IVY STREET MEDFORD, OR 97501	20-3488320	501(C)(11)	5,300.	NONE	NONE	NONE	SAFETY INITIATIVES
SC SAFE KIDS SPARTANBURG 101 E. WOOD ST. SPARTANBURG, SC 29303	57-6000934	501(C)(3)	5,300.	NONE	NONE	NONE	SAFETY INITIATIVES
OH SAFE KIDS GREATER CINCINNATI 3333 BURNET AVS. CINCINNATI, OH 45229	31-0833936	501(C)(3)	5,200.	NONE	NONE	NONE	HELMET SAFETY
SAFE KIDS KENOSHA-RACINE 3821 SPRING STREET RACINE, WI 53405	39-1570877	501(C)(3)	5,200.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS SOUTH KING 222 STATE AVE NORTH KENT, WA 98003	91-1352172	501(C)(3)	5,175.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS ALLEN COUNTY 7950 W JEFFERSON BLVD FT WAYNE, IN 46804	80-0401464	501(C)(3)	5,150.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS CENTRAL VALLEY 2130 E. ILLINOIS FRESNO, CA 93701	94-1156276	501(C)(3)	5,125.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS COLUMBIA 1 HOSPITAL DRIVE COLUMBIA, MO 65212	43-1865777	501(C)(3)	5,107.	NONE	NONE	NONE	SAFETY INITIATIVES
SAFE KIDS WOODBURY COUNTY 801 5TH ST SIOUX CITY, IA 51102	14-1800222	501(C)(3)	5,050.	NONE	NONE	NONE	SAFETY INITIATIVES

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a Receive a severance payment or change of control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

- a The organization?
- b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MITCHELL STOLLER	(i) NONE (ii) 222,717. (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE 10,500. NONE	NONE 473. NONE	NONE 233,690. NONE	NONE NONE NONE
EDWIN K ZECHMAN JR	(i) NONE (ii) 960,240. (iii) NONE	636,221. NONE NONE	360,338. NONE NONE	11,500. NONE NONE	19,330. NONE NONE	1,987,629. NONE NONE	NONE NONE NONE
JACQUELINE BOWENS	(i) NONE (ii) 298,995. (iii) NONE	270,975. NONE NONE	116,548. NONE NONE	36,920. NONE NONE	10,414. NONE NONE	733,852. NONE NONE	NONE NONE NONE
RAYMOND SCZUDLO	(i) NONE (ii) 332,226. (iii) NONE	443,162. NONE NONE	195,311. NONE NONE	11,655. NONE NONE	19,471. NONE NONE	1,001,825. NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE

Part III Supplemental Information

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

SCHEDULE J, LINE 3:

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

SCHEDULE J, LINE 4:

THE FOLLOWING INDIVIDUAL PARTICIPATES IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION.

JACQUELINE BOWENS - \$24,988

Name of the organization

Employer identification number

SAFE KIDS WORLDWIDE

52-1627574

PART VI, LINE 6, 7A, AND 7B:

CHILDREN'S NATIONAL MEDICAL CENTER IS THE SOLE MEMBER OF SAFE KIDS

WORLDWIDE AND HAS THE RIGHT TO ELECT DIRECTORS OF SAFE KIDS WORLDWIDE.

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

RESERVED TO THE SOLE MEMBER.

Name of the organization

Employer identification number

SAFE KIDS WORLDWIDE

52-1627574

PART VI, LINE 10:

THE RELEVANT COMMITTEES OF THE ORGANIZATION AND ITS PARENT ORGANIZATION,
 CHILDREN'S NATIONAL MEDICAL CENTER, REVIEW APPLICABLE PORTIONS OF THE
 990. THE LEGAL AFFAIRS AND AUDIT COMMITTEE REVIEW THE FINANCIAL
 DISCLOSURES, THE NOMINATING AND GOVERNANCE COMMITTEE REVIEW THE
 GOVERNANCE SECTIONS AND THE PUBLIC BENEFIT SECTIONS, AND THE EXECUTIVE
 COMPENSATION COMMITTEE REVIEW THE COMPENSATION DISCLOSURES. THE
 COMPLETED FORM 990 IS THEN MADE AVAILABLE TO THE ENTIRE GOVERNING BOARD
 OF SAFE KIDS WORLDWIDE BEFORE FILING.

Name of the organization

Employer identification number

SAFE KIDS WORLDWIDE

52-1627574

PART VI, LINE 12A, 13 & 14:

SAFE KIDS WORLDWIDE ("SKWW") IS GOVERNED BY THE POLICIES OF ITS PARENT,
 CHILDREN'S NATIONAL MEDICAL CENTER ("CNMC"). THESE POLICIES INCLUDE A
 WRITTEN CONFLICT OF INTEREST POLICY THAT IS REGULARLY AND CONSISTENTLY
 MONITORED AND ENFORCED, A WRITTEN WHISTLEBLOWER POLICY, AND A WRITTEN
 DOCUMENT RETENTION AND DESTRUCTION POLICY. SKWW'S BOARD OF DIRECTORS HAS
 NOT OFFICIALLY ADOPTED THESE POLICIES, BUT PLANS A RESOLUTION IN THE
 FUTURE TO FORMALLY ADOPT CNMC'S POLICIES.

Name of the organization

Employer identification number

SAFE KIDS WORLDWIDE

52-1627574

PART VI, LINE 19:

SAFE KIDS WORLDWIDE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

SAFE KIDS WORLDWIDE

52-1627574

PART VII, SECTION A:

THE INDIVIDUALS LISTED BELOW WORKED THE FOLLOWING HOURS PER WEEK FOR A

RELATED ORGANIZATION DURING THE FISCAL YEAR:

EDWIN K ZECHMAN JR, PRESIDENT - 52 HOURS

JACQUELINE BOWENS, BOARD MEMBER - 52 HOURS

RAYMOND SCZUDLO, BOARD MEMBER - 49 HOURS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAFE KIDS WORLDWIDE

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer identification number
52-1627574

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
<u>CHILDREN'S NATIONAL MEDICAL CENTER 52-1640403</u>					
<u>111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010</u>	HEALTH CARE	DC	501(C)(3)	11B	N/A
<u>CHILDREN'S HOSPITAL 53-0196580</u>					
<u>111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010</u>	HEALTH CARE	DC	501(C)(3)	3	N/A
<u>CHILDREN'S RESEARCH INSTITUTE 52-1654453</u>					
<u>111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010</u>	RESEARCH	DC	501(C)(3)	9	N/A
<u>CHILDREN'S HOSPITAL SELF-INSURANCE TRUST 52-1640399</u>					
<u>111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010</u>	INSURANCE	DC	501(C)(3)	11C	N/A
<u>CHILDREN'S HOSPITAL FOUNDATION 52-1640402</u>					
<u>111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010</u>	FUNDRAISING	DC	501(C)(3)	7	N/A

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
CHILDREN'S PEDIATRICIANS ASSOC 111 MICHIGAN AVENUE, NW	HEALTH CARE	DC	N/A	N/A							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
CHILDREN'S NATIONAL HEALTH NETWORK 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010 SAFE KIDS WORLDWIDE LTD PO BOX 916, ROAD TOWN TORTOLA, VIRGIN ISLANDS, BEARACUDA RE	HEALTH CARE	DC	N/A	C	NONE	NONE	NONE
PO BOX 69 KY1-1102 GRANDCAYMAN, CAYMAN ISLANDS, BEAR CUB REINSURANCE LTD	INJURY PREVENTION	VQ	N/A	C	NONE	NONE	NONE
PO BOX 69 KY1-1102 GRANDCAYMAN, CAYMAN ISLANDS, BEAR CUB REINSURANCE LTD	REINSURANCE	CJ	N/A	C	NONE	NONE	NONE
PO BOX 69 KY1-1102 GRANDCAYMAN, CAYMAN ISLANDS, BEAR CUB REINSURANCE LTD	REINSURANCE	CJ	N/A	C	NONE	NONE	NONE

Part V Transactions With Related Organizations

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

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

Table with columns: Transaction description (1a-1r), Yes, No. Rows include Receipt of interest, Gift, grant, or capital contribution, Loans or loan guarantees, Sale of assets, Purchase of assets, Exchange of assets, Lease of facilities, Lease of equipment, Performance of services, Sharing of facilities, Reimbursement paid, and Other transfer of cash or property.

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

Table with columns: (A) Name of other organization(s), (B) Transaction type (a-f), (C) Amount involved. Rows numbered 1 through 6.

Part VI Unrelated Organizations Taxable as a Partnership

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.

Table with columns: (A) Name, address, and EIN of entity; (B) Primary activity; (C) Legal domicile (state or foreign country); (D) Are all partners section 501(c)(3) organizations?; (E) Share of end-of-year assets; (F) Disproportionate allocations?; (G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (H) General or managing partner?

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

SAFE KIDS WORLDWIDE IS A GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF CHILDREN 14 AND UNDER. MORE THAN 450 COALITIONS IN 19 COUNTRIES BRING TOGETHER HEALTH AND SAFETY EXPERTS, EDUCATORS, CORPORATIONS, FOUNDATIONS, GOVERNMENTS AND VOLUNTEERS TO EDUCATE AND PROTECT FAMILIES.

FORM 990, PART III - PROGRAM SERVICES
=====4A PROGRAM SERVICE

SAFE KIDS BUCKLE UP PROGRAM - SAFE KIDS BUCKLE UP IS THE LARGEST, MOST COMPREHENSIVE PROGRAM OF SAFE KIDS USA. SINCE 1996, THE GENERAL MOTORS CORPORATION HAS SERVED AS SAFE KIDS BUCKLE UP'S EXCLUSIVE FUNDING SOURCE AND HELPED BUILD SAFE KIDS BUCKLE UP INTO A MULTIFACETED NATIONAL INITIATIVE, BRINGING MOTOR VEHICLE SAFETY MESSAGES TO CHILDREN AND FAMILIES THROUGH COMMUNITY AND DEALER PARTNERSHIPS.

THE PROGRAM OFFERS PARENTS AND CAREGIVERS HANDS-ON INSTRUCTION ABOUT CAR SEATS, BOOSTER SEATS, AND SEAT BELTS AND PRESENTS INTERACTIVE EDUCATIONAL PROGRAMS FOR CHILDREN AGES 14 AND UNDER. SAFE KIDS BUCKLE UP PROVIDES GRANTS TO SAFE KIDS COALITIONS TO CONDUCT SAFETY PROGRAMS AT THE LOCAL LEVEL. THESE NETWORKS OF GRASSROOTS VOLUNTEERS INCLUDE NATIONALLY CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS, TRANSPORTATION SAFETY EXPERTS, PUBLIC OFFICIALS, POLICE OFFICERS, NURSES, PUBLIC HEALTH EXPERTS AND GENERAL MOTORS DEALERSHIPS.

SINCE THE PROGRAM'S INCEPTION, MORE THAN 19 MILLION PEOPLE HAVE BEEN EXPOSED TO SAFE KIDS BUCKLE UP EVENTS AND COMMUNITY OUTREACH EFFORTS. CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS WORKING THROUGH SAFE KIDS COALITIONS HAVE EXAMINED MORE THAN ONE MILLION CHILD SAFETY SEATS AT 50,000 EVENTS AND THE PROGRAM HAS DONATED 366,000 SEATS TO FAMILIES IN NEED.

4B PROGRAM SERVICE

SAFE KIDS WALK THIS WAY PROGRAMS - SAFE KIDS WORLDWIDE AND PROGRAM SPONSOR FEDEX CREATED SAFE KIDS WALK THIS WAY TO BRING NATIONAL AND LOCAL ATTENTION TO PEDESTRIAN SAFETY ISSUES. THE GOAL OF THE INITIATIVE IS PREVENTING PEDESTRIAN-RELATED INJURY TO CHILDREN. SINCE THE LAUNCH OF THE PROGRAM IN SPRING 2000, SAFE KIDS WALK THIS WAY HAS SPANNED THE GLOBE TO REACH FAMILIES IN MORE THAN 150 CITIES THROUGHOUT THE UNITED STATES AND ON THREE CONTINENTS.

SAFE KIDS AND FEDEX PARTNER IN MORE THAN 150 CITIES TO HOST WALK TO SCHOOL EVENTS. IN THE UNITED STATES, THESE EVENTS TAKE PLACE ON INTERNATIONAL WALK TO SCHOOL DAY. SAFE KIDS WALK THIS WAY ALSO LEADS YEAR-ROUND SCHOOL SAFETY COMMITTEES TO IMPROVE PEDESTRIAN ENVIRONMENTS FOR STUDENTS.

SAFE KIDS AND FEDEX HAVE ALSO PROVIDED GRANTS TO MORE THAN 40

FORM 990, PART III - PROGRAM SERVICES

COMMUNITIES TO WORK WITH CITY LEADERS, TRAFFIC ENGINEERS AND METROPOLITAN PLANNING ORGANIZATIONS TO IMPROVE SAFETY FOR CHILD PEDESTRIANS AT HIGH-RISK LOCATIONS.

SAFE KIDS WALK THIS WAY IS A MULTIFACETED PROGRAM INVOLVING HIGH-VISIBILITY SCHOOL-BASED EVENTS, DATA COLLECTION DOCUMENTING RISKS TO PEDESTRIANS IN AREAS SURROUNDING SCHOOLS AND SCHOOL SAFETY COMMITTEES AND COMMUNITY-WIDE PEDESTRIAN SAFETY TASK FORCES MAKING CHANGES TO IMPROVE WALKING ENVIRONMENTS.

4C PROGRAM SERVICE

CHILD PASSENGER SAFETY CERTIFICATION - THE NATIONAL CHILD PASSENGER SAFETY CERTIFICATION TRAINING PROGRAM CERTIFIES PEOPLE IN THE UNITED STATES AS CHILD PASSENGER SAFETY TECHNICIANS AND INSTRUCTORS. TENS OF THOUSANDS HAVE COMPLETED TRAINING AND BEEN CERTIFIED AS CHILD PASSENGER SAFETY (CPS) TECHNICIANS SINCE THE PROGRAM BEGAN IN 1997.

CPS TECHNICIANS AND INSTRUCTORS PUT THEIR KNOWLEDGE TO WORK BY CONDUCTING CHILD SAFETY SEAT CHECKS, WHERE PARENTS AND CAREGIVERS RECEIVE HANDS-ON ASSISTANCE WITH PROPER USE OF CHILD RESTRAINT SYSTEMS AND SAFETY BELTS.

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
FIRE AND BURN PROTECTION	23,180.	189,877.	NONE
LEADERSHIP CONFERENCE	77,751.	972,650.	NONE
INTERNATIONAL OPERATIONS	512,309.	663,995.	NONE
OTHER PROGRAM SERVICE ACCOMPLISHMENTS	77,041.	2,755,237.	NONE
TOTALS	690,281.	4,581,759.	NONE

FORM 990, PART VI, LINE 17 - STATES
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AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

IBS ENTERPRISES INC
1730 S FEDERAL HWY #278
DELRAY BEACH, FL 33483

IT SCANNING SERVICES 162,021.

TOTAL COMPENSATION

162,021.
=====

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
CHILDREN'S HOSPITAL	53-0196580	03	X		X		X		NONE
TOTAL AMOUNT OF SUPPORT									NONE