

Form **990**

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2010** calendar year, or tax year beginning **07/01, 2010**, and ending **06/30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFE KIDS WORLDWIDE			D Employer identification number 52-1627574	
	Doing Business As			E Telephone number (202) 662-0600	
	Number and street (or P.O. box if mail is not delivered to street address) 1301 PENNSYLVANIA AVENUE, NW		Room/suite	G Gross receipts \$ 11,001,211.	
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20004			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: KURT DOUGLAS NEWMAN MD 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.SAFEKIDS.ORG			H(c) Group exemption number		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1990		M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SAFE KIDS WORLDWIDE IS A GLOBAL NETWORK OF ORGANIZATIONS WHOSE MISSION IS TO PREVENT ACCIDENTAL CHILDHOOD INJURY, A LEADING KILLER OF CHILDREN 14 AND UNDER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
	6 Total number of volunteers (estimate if necessary)	6	140.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,675,615.	9,655,242.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	-5,433.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,039,942.	195,740.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,735,989.	10,991,278.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,725,340.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,247,148.	3,469,003.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 336,895.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,701,400.	6,876,632.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,673,888.	12,241,660.	
19 Revenue less expenses. Subtract line 18 from line 12	3,062,101.	-1,250,382.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,634,934.	8,216,063.
	22 Net assets or fund balances. Subtract line 21 from line 20	798,908.	2,498,603.
		5,836,026.	5,717,460.

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 Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00755304
	Firm's name PRICEWATERHOUSECOOPERS, LLP			Firm's EIN 13-4008324	
	Firm's address 1301 K STREET NW, SUITE 800W WASHINGTON, DC 20005-3333			Phone no. 202-414-1000	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 1,869,378. including grants of \$ 1,224,258.) (Revenue \$ 0.)
ATTACHMENT 2

4b (Code:) (Expenses \$ 1,382,907. including grants of \$ 85,225.) (Revenue \$ 0.)
ATTACHMENT 3

4c (Code:) (Expenses \$ 1,025,454. including grants of \$ 67,800.) (Revenue \$ 1,145,729.)
ATTACHMENT 4

4d Other program services. (Describe in Schedule O.) ATTACHMENT 5
(Expenses \$ 4,425,236. including grants of \$ 518,742.) (Revenue \$ 11,529.)

4e Total program service expenses ▶ 8,702,975.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-14b regarding IRS filings, Form 990, and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c 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?; 14 Does the organization have a written document retention and destruction policy?; 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? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 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?; 16b 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 ATTACHMENT 6
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 [X] 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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
ATTACHMENT 7										
(1) MERI-K APPY PRESIDENT/SAFE KIDS USA (1/11)	55.00	X					0.	0.	0.	
(2) JACQUELINE BOWENS BOARD MEMBER	1.00	X					0.	773,636.	36,834.	
(3) JOHN CLASTER BOARD CHAIRMAN	1.00	X		X			0.	0.	0.	
(4) SARAH COLAMARINO BOARD MEMBER	1.00	X					0.	0.	0.	
(5) CHIEF DENNIS COMPTON BOARD MEMBER (AS OF 1/11)	1.00	X					0.	0.	0.	
(6) KIMBERLY EGAN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) JOHN FORMISANO BOARD VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(8) EDWIN FULLER BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DIANA GOLDBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(10) STEPHEN O'TOOLE BOARD SECRETARY/TREASURER	1.00	X		X			0.	0.	0.	
(11) DANA POINTS BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CARMINE SCHIAVONE BOARD MEMBER (AS OF 1/11)	1.00	X					0.	0.	0.	
(13) RAYMOND SCZUDLO BOARD MEMBER	1.00	X					0.	1,022,787.	61,492.	
(14) ORLY SILBINGER BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MITCHELL STOLLER CEO/BOARD MEMBER (THRU 12/10)	55.00	X		X			0.	344,894.	39,598.	
(16) EDWIN K ZECHMAN, JR PRESIDENT/CEO	1.00	X		X			0.	1,991,316.	106,128.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(17) DOUGLAS MYERS EVP & CHIEF FINANCIAL OFFICER	1.00			X				0.	644,458.	102,120.
(18) DAVID BENNETT FMR DIR OF DEVELOPMENT	55.00					X		0.	193,706.	9,009.
(19) TORINE CREPPY CHIEF PROGRAM OFFICER	55.00					X		0.	171,994.	23,416.
(20) CHRISTINA CIANFLONE DIRECTOR PROGRAM OPERATIONS	55.00					X		0.	131,922.	7,813.
(21) MOIRA DONAHUE DIR OF INTERNATIONAL PROGRAMS	55.00					X		0.	155,295.	9,751.
(22) KERRY CHAUSMER DIRECTOR OF CERTIFICATIONS	55.00					X		0.	102,785.	10,986.
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								0.	5,532,793.	407,147.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0.	5,532,793.	407,147.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	2,282.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	1,152,712.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	8,500,248.				
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total. Add lines 1a-1f			9,655,242.			
Program Service Revenue				Business Code			
	2a INCOME FROM CERTIFICATIONS		900099	1,145,729.	1,145,729.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,145,729.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			0.			
	4 Income from investment of tax-exempt bond proceeds . . .			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents		184,211.				
	b Less: rental expenses						
	c Rental income or (loss)		184,211.				
	d Net rental income or (loss)			184,211.			184,211.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			4,500.			
	b Less: cost or other basis and sales expenses			9,933.			
	c Gain or (loss)			-5,433.			
	d Net gain or (loss)			-5,433.			-5,433.
	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				0.			
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				0.			
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				0.			
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS REVENUE		900099	11,529.	11,529.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			11,529.				
12 Total revenue. See instructions			10,991,278.	1,157,258.	0.	178,778.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,069,444.	1,069,444.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	826,581.	826,581.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	483,236.	343,547.	126,390.	13,299.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,635,380.	2,183,402.	384,096.	67,882.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,806.	66,129.	11,856.	6,821.
9 Other employee benefits	75,364.	56,406.	15,691.	3,267.
10 Payroll taxes	190,217.	152,821.	24,961.	12,435.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	113,013.	52,885.	39,778.	20,350.
c Accounting	0.			
d Lobbying	33,527.	33,527.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	1,879,440.	1,569,105.	227,993.	82,342.
12 Advertising and promotion	23,139.	23,139.		
13 Office expenses	335,244.	265,402.	59,552.	10,290.
14 Information technology	292,068.	234,438.	55,291.	2,339.
15 Royalties	0.			
16 Occupancy	840,036.	422,162.	356,811.	61,063.
17 Travel	295,882.	250,230.	25,807.	19,845.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	83,047.	82,036.	694.	317.
20 Interest	342.		342.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	310,726.	268,712.	34,069.	7,945.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>MEDIA SERVICES/PRINTING</u>	472,240.	443,461.	25,086.	3,693.
b <u>OTHER MISCELLANEOUS</u>	455,038.	359,548.	70,483.	25,007.
c <u>OVERHEAD</u>	1,742,890.		1,742,890.	
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	12,241,660.	8,702,975.	3,201,790.	336,895.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	1,518,107.	1	691,000.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	693,407.	3	674,266.
	4 Accounts receivable, net	19,210.	4	31,571.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	111,955.	9	148,689.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,222,417.		
	b Less: accumulated depreciation	10b 576,584.	669,998.	10c 645,833.
	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	3,622,257.	15	6,024,704.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,634,934.	16	8,216,063.	
Liabilities	17 Accounts payable and accrued expenses	642,289.	17	637,668.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	354,548.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	156,619.	25	1,506,387.
	26 Total liabilities. Add lines 17 through 25	798,908.	26	2,498,603.
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	1,704,243.	27	-344,744.
	28 Temporarily restricted net assets	4,131,783.	28	6,062,204.
	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	5,836,026.	33	5,717,460.	
34 Total liabilities and net assets/fund balances	6,634,934.	34	8,216,063.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,991,278.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,241,660.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,250,382.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,836,026.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,131,816.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,717,460.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 [X] 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 [X] Type I b [] Type II c [] Type III - Functionally integrated d [] Type III - Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii) with 'X' marks in the 'No' column.

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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. Includes rows (A) ATTACHMENT 1, (B), (C), (D), (E), and Total.

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3 % support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
CHILDREN'S HOSPITAL	53-0196580	03	X	X	X	38,031.
TOTAL AMOUNT OF SUPPORT						<u>38,031</u>

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization SAFE KIDS WORLDWIDE

Employer identification number
52-1627574

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GENERAL MOTORS FOUNDATION 300 RENAISSANCE CENTER DETROIT, MI 48265	\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JOHNSON & JOHNSON P.O. BOX 16506 NEW BRUNSWICK, NJ 08906	\$ 1,141,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FEDEX 1790 KIRBY PARKWAY 5TH FLOOR MEMPHIS, TN 38138	\$ 749,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN 1200 NEW JERSEY AVENUE, SE WASHINGTON, DC 20590	\$ 211,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	HONEYWELL P.O. BOX 8857 PRINCETON, NJ 08543	\$ 210,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	STATE FARM MUTUAL AUTOMOBILE INS. CO. 3 STATE FARM PLAZA BLOOMINGTON, IL 61791	\$ 202,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Table with 2 columns: Name of organization (SAFE KIDS WORLDWIDE) and Employer identification number (52-1627574)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
2 Political expenditures \$
3 Volunteer hours

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2010

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OE1264 0.040

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

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

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 LEGISLATURES ON CHILD OCCUPANT PROTECTION LAWS, BIKE HELMET LAWS, RESIDENTIAL CARBON MONOXIDE ALARM LAWS, PERSONAL FLOTATION DEVICE LAWS AND NOVELTY LIGHTER LAWS. IN SUPPORT OF CARBON MONOXIDE SAFETY LAWS, WE IMPLEMENTED AN ADVOCACY GRANT PROGRAM AND DISTRIBUTED GRANTS TO ELIGIBLE AND QUALIFIED U.S. SAFE KIDS COALITION OFFICES. SAFE KIDS UTILIZED ITS NATIONAL PUBLIC POLICY DEPARTMENT TO INFLUENCE THE U.S. CONGRESS ON LEGISLATION RELATED TO CARBON MONOXIDE SAFETY, ROAD SAFETY, POOL SAFETY, INFANT SLEEP SAFETY, CONCUSSION, FIRE AND HOME SAFETY, AND SUDDEN INFANT DEATH.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

JSA 0E1268 1.000

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

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

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

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

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

(a) Description	(b) Book value
(1) INV. IN ASSET OF AFFILIATE	6,024,704.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,024,704.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO AFFILIATES	1,504,970.
(3) CAPITAL LEASE OBLIGATION	1,417.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,506,387.

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

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

Table with 10 rows for Part XI reconciliation. Line 1: Total revenue (10,991,278). Line 2: Total expenses (12,241,660). Line 3: Excess or (deficit) for the year (-1,250,382). Line 8: Other (1,131,816). Line 9: Total adjustments (net) (1,131,816). Line 10: Excess or (deficit) for the year per audited financial statements (-118,566).

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

Table with 5 main rows for Part XII reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements (10,991,278). Line 3: Subtract line 2e from line 1 (10,991,278). Line 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) (10,991,278).

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

Table with 5 main rows for Part XIII reconciliation. Line 1: Total expenses and losses per audited financial statements (12,241,660). Line 3: Subtract line 2e from line 1 (12,241,660). Line 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) (12,241,660).

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

INCOME TAXES

SAFE KIDS HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDICATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). AS OF JUNE 30, 2011, SAFE KIDS DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 8:

EQUITY TRANSFER UPON ACQUISITION OF HOME SAFETY COUNCIL: \$1,131,816

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	1.	4.	GRANTMAKING	PEDESTRIAN/HOME SAFETY	647,065.
(2) EUROPE	0.	0.	GRANTMAKING	PEDESTRIAN/HOME SAFETY	250.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	PEDESTRIAN/HOME SAFETY	29,396.
(4) NORTH AMERICA	0.	0.	GRANTMAKING	PEDESTRIAN/HOME SAFETY	6,200.
(5) SOUTH AMERICA	0.	0.	GRANTMAKING	PEDESTRIAN/HOME SAFETY	35,000.
(6) SOUTH ASIA	0.	0.	GRANTMAKING	PEDESTRIAN/HOME SAFETY	106,870.
(7) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	PEDESTRIAN/HOME SAFETY	1,800.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	4.			826,581.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	4.			826,581.

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

Schedule F (Form 990) 2010

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CHILD SAFETY	360,213.	WIRE	0.	N/A	N/A
(2)			SOUTH ASIA	CHILD SAFETY	106,870.	WIRE	0.	N/A	N/A
(3)			EAST ASIA/PACIFIC	CHILD SAFETY	83,420.	WIRE	0.	N/A	N/A
(4)			EAST ASIA/PACIFIC	CHILD SAFETY	81,952.	WIRE	0.	N/A	N/A
(5)			EAST ASIA/PACIFIC	CHILD SAFETY	68,780.	WIRE	0.	N/A	N/A
(6)			EAST ASIA/PACIFIC	CHILD SAFETY	50,000.	WIRE	0.	N/A	N/A
(7)			SOUTH AMERICA	CHILD SAFETY	35,000.	WIRE	0.	N/A	N/A
(8)			MIDDLE EAST/NORTH AFRICA	CHILD SAFETY	28,651.	WIRE	0.	N/A	N/A
(9)			NORTH AMERICA	CHILD SAFETY	6,200.	CHECK	0.	N/A	N/A
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 9.

3 Enter total number of other organizations or entities 0.

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

WHEN GRANT FUNDS ARE AVAILABLE FOR MEMBER COUNTRY ORGANIZATIONS, SAFE KIDS WORLDWIDE AND THE MEMBER COUNTRY ORGANIZATION BOTH SIGN AN AGREEMENT THAT STIPULATES THE DELIVERABLES OF THE GRANT AND THE AGREED UPON BUDGET. SAFE KIDS WORLDWIDE THEN DISTRIBUTES THE GRANT CHECK, DEPENDING ON THE SIZE OF THE GRANT, IT MAYBE BE A ONE-TIME PAYMENT OR CONSIST OF MULTIPLE PAYMENTS. THE MEMBER COUNTRY PROVIDES REGULAR UPDATES VIA EMAIL TO SAFE KIDS WORLDWIDE TO DETAIL THEIR PROGRESS TOWARDS THE COMPLETION OF THE DELIVERABLES AND THE BUDGET. THE MEMBER COUNTRY WILL ALSO PROVIDE A FINAL FINANCIAL REPORT DETAILING 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. MOST GRANTS ARE MONITORED VIA MONTHLY CONFERENCE CALLS WITH SAFE KIDS WORLDWIDE STAFF AS WELL.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHILDREN'S HOSPITAL 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	53-0196580	501(C)(3)	38,031.	0.	N/A	N/A	GENERAL SUPPORT
(2)	SAFE KIDS ALAMEDA COUNTY 1000 SAN LEANDRO BLVD SAN LEADRO, CA 94577	94-6000501	HEALTH DEPT	10,200.	0.	N/A	N/A	SAFETY INITIATIVES
(3)	SAFE KIDS ALLENTOWN-BETHLEHEM 245 NORTH 6TH STREET ALLENTOWN, PA 18102	13-4210518	HEALTH DEPT	5,500.	0.	N/A	N/A	SAFETY INITIATIVES
(4)	SAFE KIDS BROWARD COUNTY 1000 JOE DIMAGGIO DRIVE HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	6,300.	0.	N/A	N/A	SAFETY INITIATIVES
(5)	SAFE KIDS CAPE FEAR 2029 SOUTH 17TH STREET WILMINGTON, NC 28401	56-6000324	HEALTH DEPT	26,650.	0.	N/A	N/A	SAFETY INITIATIVES
(6)	SAFE KIDS CHARLOTTE MECKLENBURG 441 BEAUMONT AVENUE CHARLOTTE, NC 28204	20-8141442	FIRE DEPT	7,800.	0.	N/A	N/A	SAFETY INITIATIVES
(7)	SAFE KIDS CHATTANOOGA 910 BLACKFORD STREET CHATTANOOGA, TN 37403	58-1664027	501(C)(3)	28,300.	0.	N/A	N/A	SAFETY INITIATIVES
(8)	SAFE KIDS CHICAGO 2300 CHILDREN'S PLAZA CHICAGO, IL 60614	36-2170833	501(C)(3)	31,500.	0.	N/A	N/A	SAFETY INITIATIVES
(9)	SAFE KIDS COBB COUNTY 1650 CTY SVCS PKWY MARIETTA, GA 30008	58-1517015	HEALTH DEPT	9,800.	0.	N/A	N/A	SAFETY INITIATIVES
(10)	SAFE KIDS CUMBERLAND VALLEY 3401 WEST END AVE NASHVILLE, TN 37203	62-0476822	501(C)(3)	33,500.	0.	N/A	N/A	SAFETY INITIATIVES
(11)	SAFE KIDS DEKALB COUNTY 455 WINN WAY DECATUR, GA 30030	58-1417092	HEALTH DEPT	26,000.	0.	N/A	N/A	SAFETY INITIATIVES
(12)	SAFE KIDS DENVER METRO 13123 E 16TH AVE AURORA, CO 80045	84-0166760	501(C)(3)	16,850.	0.	N/A	N/A	SAFETY INITIATIVES

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SAFE KIDS FLORIDA SUNCOAST 501 6TH AVE SOUTH ST PETERSBURG, FL 33701	59-0683252	501(C)(3)	6,900.	0.	N/A	N/A	SAFETY INITIATIVES
(2)	SAFE KIDS GEORGIA STATE 1655 TULLIE CIRCLE, NE ATLANTA, GA 30329	58-1936575	501(C)(3)	8,500.	0.	N/A	N/A	SAFETY INITIATIVES
(3)	SAFE KIDS GRAND FORKS 860 S COLUMBIA RD GRAND FORKS, ND 58201	45-0310462	501(C)(3)	16,009.	0.	N/A	N/A	SAFETY INITIATIVES
(4)	SAFE KIDS GREATER CLEVELAND 10524 EUCLID AVE CLEVELAND, OH 44106	34-1567805	501(C)(3)	34,800.	0.	N/A	N/A	SAFETY INITIATIVES
(5)	SAFE KIDS GREATER DAYTON 1 CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	8,650.	0.	N/A	N/A	SAFETY INITIATIVES
(6)	SAFE KIDS GREATER GREEN BAY 1870 COFRIN DR GREEN BAY, WI 54302	39-1775125	501(C)(3)	30,000.	0.	N/A	N/A	SAFETY INITIATIVES
(7)	SAFE KIDS GREATER HOUSTON 2450 HOLCOMBE ST HOUSTON, TX 77021	74-1100555	501(C)(3)	7,000.	0.	N/A	N/A	SAFETY INITIATIVES
(8)	SAFE KIDS GREATER SACRAMENTO 6501 COYLE AVE CARMICHAEL, CA 95608	94-1196203	501(C)(3)	7,100.	0.	N/A	N/A	SAFETY INITIATIVES
(9)	SAFE KIDS GREATER TOLEDO 2142 N. COVE BLVD TOLEDO, OH 43606	34-4428256	501(C)(3)	28,150.	0.	N/A	N/A	SAFETY INITIATIVES
(10)	SAFE KIDS KENTUCKY STATE 333 WALLER AVE LEXINGTON, KY 40504	61-6033693	HEALTH DEPT	6,650.	0.	N/A	N/A	SAFETY INITIATIVES
(11)	SAFE KIDS LINCOLN-LANCASTER 3140 N STREET LINCOLN, NE 68510	47-6006256	HEALTH DEPT	9,500.	0.	N/A	N/A	SAFETY INITIATIVES
(12)	SAFE KIDS LOS ANGELES 1200 N STATE ST LOS ANGELES, CA 90033	95-6000927	STATE HOSPITAL	5,400.	0.	N/A	N/A	SAFETY INITIATIVES

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SAFE KIDS LOUISIANA STATE 1010 COMMON ST NEW ORLEANS, LA 70112	72-6000821	HEALTH DEPT	54,000.	0.	N/A	N/A	SAFETY INITIATIVES
(2)	SAFE KIDS MACON COUNTY 1221 E CONDIR DECATUR, IL 62521	37-6001309	HEALTH DEPT	5,850.	0.	N/A	N/A	SAFETY INITIATIVES
(3)	SAFE KIDS MARICOPA COUNTY 4041 N CENTRAL AVE PHOENIX, AZ 85012	86-0761964	HEALTH DEPT	9,500.	0.	N/A	N/A	SAFETY INITIATIVES
(4)	SAFE KIDS MARION CO 230 E MAIN MARION, KS 66861	48-6036498	HEALTH DEPT	6,500.	0.	N/A	N/A	SAFETY INITIATIVES
(5)	SAFE KIDS MID SOUTH 850 POPLAR AVE MEMPHIS, TN 38105	62-1872938	501(C)(3)	5,650.	0.	N/A	N/A	SAFETY INITIATIVES
(6)	SAFE KIDS MID-TEXAS 2401 SOUTH 31ST ST TEMPLE, TX 76508	27-3513154	501(C)(3)	11,800.	0.	N/A	N/A	SAFETY INITIATIVES
(7)	SAFE KIDS MINNESOTA STATE 474 CONCORDIA AVE ST. PAUL, MN 55103	41-0418405	501(C)(3)	5,500.	0.	N/A	N/A	SAFETY INITIATIVES
(8)	SAFE KIDS NEW JERSEY STATE 6 COMMERCE DR CRANFORD, NJ 07016	22-1500567	501(C)(3)	5,361.	0.	N/A	N/A	SAFETY INITIATIVES
(9)	SAFE KIDS NEW YORK STATE 175 COMMUNITY DR GREAT NECK, NY 11021	11-3418133	501(C)(3)	8,200.	0.	N/A	N/A	SAFETY INITIATIVES
(10)	SAFE KIDS NORTH CAROLINA STATE/OSFM 1202 MAIL SERVICE CTR RALEIGH, NC 27699	56-1401519	FIRE DEPT	11,500.	0.	N/A	N/A	SAFETY INITIATIVES
(11)	SAFE KIDS NORTHEAST FLORIDA P O BOX 10806 PENSACOLA, FL 32524	59-0747311	501(C)(3)	6,800.	0.	N/A	N/A	SAFETY INITIATIVES
(12)	SAFE KIDS PALM BEACH CO 2001 WEST BLUE HERON RIVER BEACH, FL 33404	59-2704597	501(C)(3)	35,300.	0.	N/A	N/A	SAFETY INITIATIVES

- Enter total number of section 501(c)(3) and government organizations
- Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SAFE KIDS PITT COUNTY 2100 STANTONSBURG RD GREENVILLE, NC 27835	56-0585243	501(C)(3)	26,300.	0.	N/A	N/A	SAFETY INITIATIVES
(2)	SAFE KIDS SALT LAKE COUNTY 788 EAST WOODLAKE LN MURRAY,, UT 84107	87-6000316	HEALTH DEPT	8,000.	0.	N/A	N/A	SAFETY INITIATIVES
(3)	SAFE KIDS SEATTLE HMC BOX # 359960 SEATTLE, WA 98104	91-1631806	STATE HOSPITAL	29,000.	0.	N/A	N/A	SAFETY INITIATIVES
(4)	SAFE KIDS SOUTHEASTERN PA 1121 E CHSTNT AVE JEFFERSONVILLE, PA 19403	23-1352166	501(C)(3)	36,000.	0.	N/A	N/A	SAFETY INITIATIVES
(5)	SAFE KIDS SPRINGFIELD 1570 W BATTLEFIELD SPRINGFIELD, MO 65807	44-0552485	501(C)(3)	5,835.	0.	N/A	N/A	SAFETY INITIATIVES
(6)	SAFE KIDS TAMPA 1401-A E FOWLER AVE TAMPA, FL 33612	59-0774199	501(C)(3)	10,000.	0.	N/A	N/A	SAFETY INITIATIVES
(7)	SAFE KIDS TOOMBS CO 1 MEADOWS PARKWAY VIDALIA, GA 30475	58-2044503	501(C)(3)	5,150.	0.	N/A	N/A	SAFETY INITIATIVES
(8)	SAFE KIDS TUCSON 5301 EAST GRANT ROAD TUCSON, AZ 85712	86-0137567	501(C)(3)	8,300.	0.	N/A	N/A	SAFETY INITIATIVES
(9)	SAFE KIDS WEST LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	5,700.	0.	N/A	N/A	SAFETY INITIATIVES
(10)	SAFE KIDS WEST MICHIGAN 1500 E SHERMAN BLVD MUSKEGON, MI 49444	38-2589966	501(C)(3)	7,500.	0.	N/A	N/A	SAFETY INITIATIVES
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations ▶ 30.

3 Enter total number of other organizations ▶ 16.

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

Schedule I (Form 990) (2010)

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

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

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

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

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

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

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

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 J (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

Part I Questions Regarding Compensation

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

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

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

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

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

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

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

- a Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

- a The organization?
b Any related organization?

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?

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

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

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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) Retirement and other 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				
1 JACQUELINE BOWENS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	356,077.	400,880.	16,679.	12,250.	24,584.	810,470.
2 RAYMOND SCZUDLO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	433,311.	580,332.	9,144.	12,250.	49,242.	1,084,279.
3 MITCHELL STOLLER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	288,672.	53,384.	2,838.	26,250.	13,348.	384,492.
4 EDWIN K ZECHMAN, JR	(i)	0.	0.	0.	0.	0.	0.
	(ii)	932,163.	1,009,404.	49,749.	12,250.	93,878.	2,097,444.
5 DOUGLAS MYERS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	408,778.	229,054.	6,626.	66,330.	35,790.	746,578.
6 DAVID BENNETT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	193,376.	0.	330.	5,178.	3,831.	202,715.
7 TORINE CREPPY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	146,263.	25,222.	509.	7,821.	15,595.	195,410.
8 MOIRA DONAHUE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	113,292.	41,723.	280.	5,072.	4,679.	165,046.
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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, PART I, 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, PART I, LINE 4A:

DURING THE YEAR, DAVID BENNETT RECEIVED A SEVERANCE PAYMENT FROM CHILDREN'S NATIONAL MEDICAL CENTER IN THE AMOUNT OF \$55,765.

SCHEDULE J, PART I, LINE 4B:

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

DOUGLAS MYERS - \$60,840

MITCHELL STOLLER - \$14,000

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

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.

PART VI, LINE 11B:

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.

PART VI, LINE 12C:

SAFE KIDS WORLDWIDE REQUIRES THAT EACH OFFICER, DIRECTOR, AND KEY
EMPLOYEE COMPLETE A CONFLICT OF INTEREST FORM AT LEAST EVERY YEAR. IN
ADDITION EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE IS INSTRUCTED AND
REQUIRED TO AMEND THE CONFLICT OF INTEREST FORM IMMEDIATELY UPON A CHANGE
IN STATUS OF ANY OF THE QUESTIONS ON THE FORM. THESE FORMS ARE REVIEWED
ANNUALLY BY THE CHIEF LEGAL OFFICER AND CONFLICTS AND INTERESTS ARE
NOTED. THE SAFE KIDS WORLDWIDE BOARD MAKES A DETERMINATION, BASED ON THE

Name of the organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
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RECOMMENDATION OF THE CHIEF LEGAL OFFICER AS TO WHICH PERSONS SHOULD BE CONSIDERED "INTERESTED PARTIES" BASED ON THE CRITERIA SET FORTH IN THE BOARD'S GOVERNANCE POLICY.

PART VI, LINES 13 & 14:

SAFE KIDS WORLDWIDE ("SKWW") IS GOVERNED BY THE POLICIES OF ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER ("CNMC"). THESE POLICIES, WHICH WERE FORMALLY ADOPTED ON MAY 26, 2011, INCLUDE A WRITTEN WHISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.

PART VI, LINES 15A AND 15B:

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.

PART VI, LINE 19:

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

PART IX, LINE 24C:

IN THE STATEMENT OF FUNCTIONAL EXPENSES, OVERHEAD EXPENSE OF \$1,742,890 IS IDENTIFIED UNDER THE MANAGEMENT AND GENERAL EXPENSE COLUMN. THIS ACCRUED EXPENSE REPRESENTS AN OVERHEAD ALLOCATION OF SERVICES PROVIDED BY ITS SUPPORTED ORGANIZATION, CHILDREN'S HOSPITAL, DURING THE FISCAL YEAR

Name of the organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
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ENDED JUNE 30, 2011. AT THE END OF FY11, THE HOSPITAL FORGAVE THIS INTERCOMPANY PAYABLE AND THERE IS NO FUTURE OBLIGATION FOR SAFE KIDS TO REPAY THIS MONEY.

PART XI, LINE 5:

EQUITY TRANSFER UPON ACQUISITION OF HOME SAFETY COUNCIL: \$1,131,816

ATTACHMENT 1

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. MORE THAN 600 COALITIONS IN 22 COUNTRIES BRING TOGETHER HEALTH AND SAFETY EXPERTS, EDUCATORS, CORPORATIONS, FOUNDATIONS, GOVERNMENTS AND VOLUNTEERS TO EDUCATE AND PROTECT FAMILIES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SAFE KIDS WALK THIS WAY PROGRAMS - SAFE KIDS WORLDWIDE AND PROGRAM SPONSOR FEDEX CREATED SAFE KIDS WALK THIS WAY TO BRING NATIONAL AND LOCAL ATTENTION TO PEDESTRIAN SAFETY ISSUES. THE GOAL OF THE INITIATIVE IS TO PREVENT PEDESTRIAN-RELATED INJURY TO CHILDREN. SINCE THE LAUNCH OF THE PROGRAM IN SPRING 2000, SAFE KIDS WALK THIS WAY HAS SPANNED THE GLOBE TO REACH FAMILIES IN 10 COUNTRIES INCLUDING THE UNITED STATES.

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

IN THE UNITED STATES, SAFE KIDS AND FEDEX HAVE REACHED OVER 2.2 MILLION PEOPLE THROUGH PROGRAM ACTIVITIES. EACH YEAR, SAFE KIDS WALK THIS WAY HOSTS INTERNATIONAL WALK TO SCHOOL DAY EVENTS WHICH INCLUDE LARGE GROUP WALKS AND EDUCATIONAL ASSEMBLIES IN SCHOOLS TO CREATE AWARENESS OF LOCAL SAFETY ISSUES. AMONG THE MANY COMPONENTS OF THE PROGRAM, SAFE KIDS LEADS YEAR-ROUND SCHOOL SAFETY COMMITTEES TO IMPROVE PEDESTRIAN ENVIRONMENTS FOR STUDENTS AND HOSTS HALLOWEEN EDUCATIONAL EVENTS TO TEACH FAMILIES AND DRIVERS ABOUT VISIBILITY ISSUES CHILDREN ENCOUNTER WHILE WALKING AFTER DARK. SAFE KIDS AND FEDEX HAVE ALSO PROVIDED GRANTS TO MORE THAN 50 U.S. COMMUNITIES TO FORM TASK FORCES WITH CITY LEADERS, TRAFFIC ENGINEERS AND METROPOLITAN PLANNING ORGANIZATIONS TO MAKE INFRASTRUCTURE AND ENVIRONMENTAL MODIFICATIONS WHICH IMPROVE SAFETY FOR CHILD PEDESTRIANS AT HIGH-RISK LOCATIONS.

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

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

SAFE KIDS BUCKLE UP PROGRAM - SINCE 1997, SAFE KIDS WORLDWIDE AND PROGRAM SUPPORTER THE GENERAL MOTORS FOUNDATION HAS SERVED AS SAFE

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

KIDS BUCKLE UP'S MAJOR FUNDING SOURCE AND HELPED BUILD SAFE KIDS BUCKLE UP INTO A MULTIFACETED NATIONAL INITIATIVE, BRINGING MOTOR VEHICLE SAFETY MESSAGES IN AND AROUND THE VEHICLE TO CHILDREN AND FAMILIES THROUGH COMMUNITY AND DEALER PARTNERSHIPS.

THE PROGRAM OFFERS PARENTS AND CAREGIVERS HANDS-ON INSTRUCTION ABOUT CAR SEATS, BOOSTER SEATS, AND SEAT BELTS BY PROVIDING CAR SEAT EDUCATION AND INSTALLATION TO FAMILIES AND CAREGIVERS THROUGH OUR NATIONAL COALITION NETWORK. THE BUCKLE UP PROGRAM PROVIDES INTERACTIVE EDUCATIONAL PROGRAMS FOR CHILDREN THROUGH THE CUB SCOUT AUTOMOTIVE SAFETY PATCH PROGRAM, SAFEST GENERATION, AND OUR COUNTDOWN2DRIVE TEEN PRE-DRIVER PROGRAM.

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

SINCE THE PROGRAM'S INCEPTION, MORE THAN 22 MILLION PEOPLE HAVE BEEN EXPOSED TO SAFE KIDS BUCKLE UP EVENTS AND COMMUNITY OUTREACH

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

EFFORTS. CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS WORKING THROUGH SAFE KIDS COALITIONS HAVE EXAMINED NEARLY 1.5 MILLION CHILD SAFETY SEATS AT 78,000 EVENTS AND THE PROGRAM HAS DONATED MORE THAN 520,000 SEATS TO FAMILIES IN NEED.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

CHILD PASSENGER SAFETY CERTIFICATION - THE NATIONAL CHILD PASSENGER SAFETY CERTIFICATION TRAINING PROGRAM CERTIFIES PEOPLE IN THE UNITED STATES AS CHILD PASSENGER SAFETY TECHNICIANS AND INSTRUCTORS. OVER 100,000 HAVE COMPLETED TRAINING AND BEEN CERTIFIED AS CHILD PASSENGER SAFETY (CPS) TECHNICIANS SINCE THE PROGRAM BEGAN IN 1997.

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

ATTACHMENT 5

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN	0.	116,199.	0.
NATIONAL SAFE KIDS WEEK	94,500.	350,848.	0.
INTERNATIONAL OPERATIONS	240,168.	385,165.	0.

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

ATTACHMENT 5 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SAFE KIDS COALITION MEMBER SUPPORT	166,004.	1,038,569.	0.
HSC PROGRAMS	0.	251,480.	0.
OTHER PROGRAM SERVICE ACTIVITIES	18,070.	2,282,975.	11,529.
TOTALS	<u>518,742.</u>	<u>4,425,236.</u>	<u>11,529.</u>

ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 7

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

<u>NAME AND TITLE</u>	<u>HOURS DEVOTED FOR RELATED ORGANIZATION</u>
JACQUELINE BOWENS BOARD MEMBER	54.00
DIANA GOLDBERG BOARD MEMBER	1.00
RAYMOND SCZUDLO BOARD MEMBER	54.00
EDWIN K ZECHMAN, JR PRESIDENT/CEO	54.00
DOUGLAS MYERS EVP & CHIEF FINANCIAL OFFICER	54.00

ATTACHMENT 8

Name of the organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
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ATTACHMENT 8 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
1301 ASSOCIATES C/O QDC PROPERTY MGMT 1001 G STREET NW #700W WASHINGTON, DC 20001	LEASING PROPERTY	621,266.
PROFESSIONAL EXAMINATION SERVICES 475 RIVERSIDE DRIVE NEW YORK, NY 10115	SAFETY TRAININGS	369,757.
CONVIO INC 11501 DOMAIN DRIVE, SUITE 2000 AUSTIN, TX 78758	INTERNET DEVELOPMENT	177,995.
SALTER MITCHEL ADVERTISING / PR 117 S. GADSDEN STREET TALLAHASSEE, FL 32301	ADVERTISING	133,945.
IBS ENTERPRISES, INC. 1730 S. FEDERAL HIGHWAY #278 DELRAY BEACH, FL 33483	IT SUPPORT SERVICES	112,145.
TOTAL COMPENSATION		<u>1,415,108.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

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

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

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

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

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

Schedule R (Form 990) 2010

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHILDREN'S NATIONAL HEALTH NETWORK 52-1996521 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	HEALTH CARE	DC	N/A	C	0.	0.	0.0000
(2) SAFE KIDS WORLDWIDE LTD PO BOX 916, ROAD TOWN TORTOLA, VIRGIN ISLANDS, VQ	INJURY PREVEN	VQ	N/A	C	0.	0.	0.0000
(3) BEARACUDA RE PO BOX 69 KY1-1102 GRANDCAYMAN, CAYMAN ISLANDS,	REINSURANCE	CJ	N/A	C	0.	0.	0.0000
(4) BEAR CUB REINSURANCE LTD PO BOX 69 KY1-1102 GRANDCAYMAN, CAYMAN ISLANDS,	REINSURANCE	CJ	N/A	C	0.	0.	0.0000
(5) -----							
(6) -----							
(7) -----							

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

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