



## TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

<b>Prepared by</b>	Grant Thornton Advisors LLC
<b>Special Instructions</b>	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
<b>Application for Recognition of Exemption</b>	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
<b>Requests made in person</b>	If the request is made in person, the organization must respond by the end of the business day.
<b>Requests made in writing</b>	If the request is made in writing, response is generally required within 30 days.
<b>Fees charged for copies</b>	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
<b>What if we post the Form 990 on our website?</b>	<p>The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.</p>
<b>What if we fail to comply with requests?</b>	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

\*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SAFE KIDS WORLDWIDE</b>		<b>D</b> Employer identification number <b>52-1627574</b>
	Doing business as		<b>E</b> Telephone number <b>202-662-0600</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1</b> <b>INVENTA PLACE, 6TH FL. WEST</b>		<b>G</b> Gross receipts \$ <b>9,179,925.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20910</b>		
<b>F</b> Name and address of principal officer: <b>MICHELLE RILEY-BROWN, MHA</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> 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		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: <b>WWW.SAFEKIDS.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1990</b>	<b>M</b> State of legal domicile: <b>DC</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SAFE KIDS WORLDWIDE IS A GLOBAL NONPROFIT ORGANIZATION DEDICATED TO PREVENTING CHILDHOOD INJURIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>450</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,643,063.</b>	<b>7,357,293.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,622,127.</b>	<b>1,638,911.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-477,006.</b>	<b>180,094.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>9,788,184.</b>	<b>9,176,298.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>1,402,766.</b>	<b>1,528,920.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,589,871.</b>	<b>3,146,778.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>455,098.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,461,674.</b>	<b>4,260,541.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,454,311.</b>	<b>8,936,239.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>1,333,873.</b>	<b>240,059.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>6,914,490.</b>	<b>7,407,670.</b>
		<b>2,007,146.</b>	<b>2,111,185.</b>
		<b>4,907,344.</b>	<b>5,296,485.</b>

## 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.

<b>Sign Here</b>	Signature of officer <i>Mary Anne Hilliard</i>		Date <b>5/15/2026</b>		
	MAY ANNE HILLIARD, EVP, CLO & GENERAL COUNSEL Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name <b>MARY TORRETTA</b>	Preparer's signature <i>Mary Torretta</i>	Date <b>5/14/2026</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00847851</b>
	Firm's name <b>GRANT THORNTON ADVISORS LLC</b>	Firm's EIN <b>99-1856619</b>		Phone no. <b>703-847-7500</b>	
Firm's address <b>1000 WILSON BOULEVARD, SUITE 1500</b>		<b>ARLINGTON, VA 22209</b>			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 6,579,668. including grants of \$ 1,379,838. ) (Revenue \$ 1,638,911. ) KEEPING KIDS SAFE ON THE ROAD: SAFE KIDS WORLDWIDE PROVIDES FAMILIES WITH EDUCATION AND PRACTICAL RESOURCES TO HELP KEEP CHILDREN SAFE IN AND AROUND CARS. OUR PROGRAMS ADDRESS SAFETY TOPICS RELATED TO OCCUPANT PROTECTION AND VULNERABLE ROAD USERS. SAFE KIDS ADVOCATES FOR CHILDREN THROUGH POLICY CHANGE, EDUCATES THROUGH COMMUNITY PROGRAMS, INFORMS THROUGH THE MEDIA, AND GROUNDS ALL EFFORTS THROUGH RESEARCH, ALL WITH THE GOAL OF PROTECTING OUR MOST PRECIOUS RESOURCE: KIDS.

4b (Code: ) (Expenses \$ 865,245. including grants of \$ 0. ) (Revenue \$ 0. ) KEEPING KIDS SAFE AT HOME AND PLAY: SAFE KIDS WORLDWIDE PROVIDES FAMILIES WITH EDUCATION AND PRACTICAL RESOURCES TO HELP KEEP CHILDREN SAFE AT HOME AND AT PLAY. OUR PROGRAMS ADDRESS SAFETY TOPICS SUCH AS SAFE INFANT SLEEP, POISON PREVENTION, WATER SAFETY, FIRE SAFETY, BURN PREVENTION AND EMERGING CHILDHOOD INJURY RISKS. SAFE KIDS ADVOCATES FOR CHILDREN THROUGH POLICY CHANGE, EDUCATES THROUGH COMMUNITY PROGRAMS, INFORMS THROUGH THE MEDIA, AND GROUNDS ALL EFFORTS THROUGH RESEARCH, ALL WITH THE GOAL OF PROTECTING OUR MOST PRECIOUS RESOURCE: KIDS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,444,913.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line 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 (10); 1b Enter the number of voting members included on line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 on Schedule O (X).

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CORPORATE OFFICERS - 202-476-5000
111 MICHIGAN AVENUE, NW, WASHINGTON, DC 20010

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) MICHELLE RILEY-BROWN PRESIDENT/CEO (CNMC)	2.00 57.00	X		X				0.	2,377,607.	267,113.
(2) ALDWIN LINDSAY EVP & CFO	2.00 53.00			X				0.	1,242,243.	141,698.
(3) MARY ANNE HILLIARD BOARD SECRETARY	2.00 53.00			X				0.	1,118,540.	145,296.
(4) KURT D. NEWMAN, MD FORMER PRESIDENT/CEO CNMC	0.00 55.00						X	0.	658,152.	25,903.
(5) TORINE V. CREPPY PRESIDENT OF SKW	55.00 0.00			X				0.	537,692.	91,252.
(6) JENNIFER MACKAY DIRECTOR OF RESEARCH	55.00 0.00					X		0.	213,652.	20,399.
(7) CASSANDRA LYNN HERRING DIR OF CHILD OCCUPANT PROTECTION	55.00 0.00					X		0.	175,244.	20,417.
(8) E. JANE ENRIGHT CREATIVE DIRECTOR	55.00 0.00					X		0.	162,329.	9,803.
(9) GARY KARTON CONTENT ADVISOR	55.00 0.00					X		0.	156,346.	8,223.
(10) KRYSTAL PHILLIPS DIRECTOR OF OPOPERATIONS	55.00 0.00					X		0.	113,697.	15,577.
(11) ANDREW C. BLAIR BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(12) LIZ PANDYA, JD BOARD VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(13) EMILY ALEXANDER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) MARILENA AMONI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(15) JOHN CAPP BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) HORACIO ROZANSKI BOARD MEMBER	1.00 12.00	X						0.	0.	0.
(17) DEBBIE WIER BOARD MEMBER	1.00 0.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>					
	<b>b</b>	Membership dues	<b>1b</b>					
	<b>c</b>	Fundraising events	<b>1c</b>					
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	301,796.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,055,497.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		7,357,293.				
Program Service Revenue	<b>2 a</b>	CERTIFICATION INCOME	<b>Business Code</b>					
			900099	1,638,911.	1,638,911.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
<b>g</b>	<b>Total.</b> Add lines 2a-2f		1,638,911.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6 a</b>	Gross rents	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss)						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b>	Gain or (loss)	<b>7c</b>					
<b>d</b>	Net gain or (loss)							
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
			<b>b</b>	Less: direct expenses	<b>8b</b>	3,627.		
			<b>c</b>	Net income or (loss) from fundraising events		-3,627.		-3,627.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
			<b>b</b>	Less: direct expenses	<b>9b</b>			
			<b>c</b>	Net income or (loss) from gaming activities				
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>						
			<b>b</b>	Less: cost of goods sold	<b>10b</b>			
			<b>c</b>	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	<b>11 a</b>	SETTLEMENT INCOME	<b>Business Code</b>					
			900099	183,721.		183,721.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue						
<b>e</b>	<b>Total.</b> Add lines 11a-11d		183,721.					
<b>12</b>	<b>Total revenue.</b> See instructions		9,176,298.	1,638,911.	0.	180,094.		

**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).

Check if Schedule O contains a response or note to any line in this Part IX  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,478,920.	1,478,920.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	50,000.	50,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	525,576.	105,115.	262,788.	157,673.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,189,800.	2,014,767.	107,422.	67,611.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,631.	14,926.	37,316.	22,389.
<b>9</b> Other employee benefits .....	173,811.	173,811.		
<b>10</b> Payroll taxes .....	182,960.	36,592.	91,480.	54,888.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....	45,000.		45,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,903,480.	1,807,697.	43,096.	52,687.
<b>12</b> Advertising and promotion .....	454,669.	450,223.	2,935.	1,511.
<b>13</b> Office expenses .....	496,965.	478,828.	13,847.	4,290.
<b>14</b> Information technology .....	433,840.	345,558.	88,261.	21.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	502,629.	286,431.	135,124.	81,074.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	105,453.	94,893.	6,848.	3,712.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> OVERHEAD	186,708.		186,708.	
<b>b</b> MEMBERSHIPS DUES & SUBS	48,853.	39,239.	6,009.	3,605.
<b>c</b> MEDIA SERVICES	45,682.	45,682.		
<b>d</b> BAD DEBT	18,473.	18,473.		
<b>e</b> All other expenses	18,789.	3,758.	9,394.	5,637.
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,936,239.	7,444,913.	1,036,228.	455,098.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,148.	<b>1</b>	23,141.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	472,123.	<b>3</b>	41,937.
	<b>4</b> Accounts receivable, net .....	67,543.	<b>4</b>	32,145.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	144,434.	<b>9</b>	330,778.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 871,735.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 871,724.	<b>10c</b> 11.	11.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,226,231.	<b>12</b>	6,979,658.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	6,914,490.	<b>16</b>	7,407,670.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	444,595.	<b>17</b>	265,797.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,562,551.	<b>25</b>	1,845,388.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,007,146.	<b>26</b>	2,111,185.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-1,708,688.	<b>27</b>	-1,708,487.
	<b>28</b> Net assets with donor restrictions .....	6,616,032.	<b>28</b>	7,004,972.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,907,344.	<b>32</b>	5,296,485.
<b>33</b> Total liabilities and net assets/fund balances .....	6,914,490.	<b>33</b>	7,407,670.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,176,298.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,936,239.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	240,059.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,907,344.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	149,082.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,296,485.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2024)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,911,862.	5,713,612.	5,257,875.	8,643,063.	7,357,293.	31,883,705.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4,911,862.	5,713,612.	5,257,875.	8,643,063.	7,357,293.	31,883,705.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						17,468,851.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,414,854.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	4,911,862.	5,713,612.	5,257,875.	8,643,063.	7,357,293.	31,883,705.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			263,866.	21,376.	183,721.	468,963.
<b>11 Total support.</b> Add lines 7 through 10						32,352,668.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,595,410.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	44.56 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	46.45 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 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 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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 Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**Part VI**

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

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

FUNDRAISING EVENTS

2022 AMOUNT: \$ 263,866.

2023 AMOUNT: \$ 21,376.

SETTLEMENT INCOME

2024 AMOUNT: \$ 183,721.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

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

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

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,321,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 936,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 407,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 220,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 155,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 151,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 150,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	

SCHEDULE C  
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization SAFE KIDS WORLDWIDE	Employer identification number (EIN) 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 in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2024

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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 columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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 questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1A

VOLUNTEERS

SAFE KIDS COALITIONS JOINED TOGETHER AS VOLUNTEERS TO SUPPORT FEDERAL LEGISLATION. THE ISSUES INCLUDED LAWS AND POLICY ON DROWNING PREVENTION, PREVENTION OF UNSAFE SCHOOL BUS PASSING, CHILD PASSENGER SAFETY, SAFE SLEEP AND CONSUMER PRODUCT SAFETY. SAFE KIDS COALITIONS VOLUNTEERED TO INFLUENCE LEGISLATION PRIMARILY ON THE STATE LEGISLATIVE LEVEL. THE ISSUES INCLUDED CHILD PASSENGER SAFETY, PEDESTRIAN SAFETY, DROWNING PREVENTION, GRADUATED DRIVERS LICENSING PROGRAMS, AND PREVENTION OF DISTRACTED DRIVING.

SCHEDULE C, PART II-B, LINE 1B

**Part IV** Supplemental Information (continued)

PAID STAFF OR MANAGEMENT

SAFE KIDS PAID STAFF AND A CONTRACT LOBBYIST WERE ENGAGED IN LEGISLATIVE AND POLICY EFFORTS AT THE FEDERAL LEVEL ON ISSUES INCLUDING BUT NOT LIMITED TO CHILD PASSENGER SAFETY; PREVENTING THE DEATH OF SMALL CHILDREN IN HOT CARS; PREVENTING INFANT SUFFOCATION; SAFETY MEASURES INVOLVING CHILDREN AS PEDESTRIANS OR RIDING BICYCLES; THE RISKS OF CARBON MONOXIDE POISONING AND OTHER HEALTH/SAFETY RISKS TO CHILDREN IN PUBLIC HOUSING AND IN FAMILY HOMES; AND DRIVING UNDER THE INFLUENCE OF ALCOHOL AS AFFECTING CHILDREN. AT THE FEDERAL REGULATORY LEVEL, SOUGHT TO INFLUENCE DEVELOPMENT OF SAFETY STANDARDS COVERING INFANT SLEEP/LOUNGER PRODUCTS, AND ADVANCED VEHICLE SAFETY SYSTEMS. SAFE KIDS PAID STAFF WAS INVOLVED ON ISSUES INCLUDING BUT NOT LIMITED TO STATE LEGISLATION AND POLICY REGARDING WINDOW BLIND DANGERS, DROWNING PREVENTION, FIRE PREVENTION AND CHILD PASSENGER SAFETY.

SCHEDULE C, PART II-B, LINE 1D

MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC

SAFE KIDS PROVIDED EMAIL MESSAGES TO FEDERAL AND STATE LEGISLATORS (AS WELL AS TO MEMBERS OF THE PUBLIC) ABOUT EVIDENCE-BASED REPORTS ON CHILD SAFETY, SOME OF WHICH INCLUDED EDUCATION ABOUT POLICY.

SCHEDULE C, PART II-B, LINE 1G

DIRECT CONTACT

SAFE KIDS PARTICIPATED IN FEDERAL LOBBYING ACTIVITIES ON ISSUES INCLUDING BUT NOT LIMITED TO: CHILD PASSENGER SAFETY; PREVENTING THE DEATH OF SMALL CHILDREN IN HOT CARS; PREVENTING INFANT SUFFOCATION; POLICY ON URBAN ROAD TRAFFIC FLOW FOR SAFETY PURPOSES (COMPLETE STREETS ACT); RISKS OF CARBON MONOXIDE POISONING AND OTHER HEALTH/SAFETY RISKS TO CHILDREN IN PUBLIC HOUSING AND IN FAMILY HOMES. SAFE KIDS PAID STAFF WAS INVOLVED ON ISSUES INCLUDING BUT NOT LIMITED TO STATE LEGISLATION AND POLICY ON WINDOW BLIND DANGERS; FIRE PREVENTION; CHILD PASSENGER SAFETY; AND GRADUATED DRIVERS LICENSING.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

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

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 FASB ASC 958 relating to these items:

a Revenue included on 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) (Rev. 12-2024)

LHA 432051 01-02-25

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                            | Yes    | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations?                                                               | 3a(i)  |    |
| (ii) Related organizations?                                                                | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		776,005.	775,994.	11.
e Other		95,730.	95,730.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				11.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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) SPECIAL PURPOSE FUND	6,979,658.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	6,979,658.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	1,845,388.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,845,388.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information

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

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITIONS (ASC 740)

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

CHILDREN'S NATIONAL EVALUATES UNCERTAIN TAX POSITIONS USING A TWO-STEP APPROACH FOR RECOGNIZING AND MEASURING TAX BENEFITS TAKEN OR EXPECTED TO BE TAKEN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLOSURES REGARDING UNCERTAINTIES IN TAX POSITIONS. THERE WAS NO IMPACT ON CHILDREN'S NATIONAL'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2025 AND 2024 AS CHILDREN'S NATIONAL HAS NO UNCERTAIN TAX POSITIONS.



**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	PEDESTRIAN/HOME SAFETY	40,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	PEDESTRIAN/HOME SAFETY	10,000.
<b>3 a</b> Subtotal .....	0	0			50,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			50,000.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDESTRIAN/HOME SAFETY	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PEDESTRIAN/HOME SAFETY	10,000.	WIRE	0.		

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

3 Enter total number of other organizations or entities ..... 0



**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 the 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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  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 the Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the 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 the 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 separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) (Rev. 12-2024)

**Part V Supplemental Information**

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

**PART I, LINE 2:**

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.  
WHEN GRANT FUNDS ARE AVAILABLE TO THE SAFE KIDS COALITION NETWORK, THE ORGANIZATION WILL ANNOUNCE OPPORTUNITIES THROUGH A REQUEST FOR PROPOSAL (RFP) AND SELECT GRANTEE THROUGH A COMPETITIVE GRANT PROCESS. COALITION GRANT APPLICATIONS ARE EVALUATED BASED ON CRITERIA OUTLINED IN THE RFP AND GRANT GUIDELINES BY AN INTERNAL REVIEW TEAM AT SAFE KIDS WORLDWIDE. SELECTED COALITIONS ARE NOTIFIED OF AWARD THROUGH AN AWARD LETTER AND EACH GRANTEE SIGNS A GRANT AGREEMENT. SAFE KIDS THEN DISTRIBUTES THE GRANT CHECK. DEPENDING ON THE SIZE OF THE GRANT, IT MAY BE A ONE-TIME PAYMENT, OR CONSIST OF MULTIPLE PAYMENTS. SAFE KIDS CONDUCTS COALITION WEBINARS REGULARLY TO DISCUSS THE EXPECTATIONS OF GRANT PROGRAMS AND DISCUSS AVAILABLE PROGRAM RESOURCES. SAFE KIDS PROGRAMS TEAM AND SUBJECT MATTER EXPERTS PROVIDE TECHNICAL ASSISTANCE TO GRANTEES THROUGHOUT THE GRANT PERIOD AND TRACK GRANTEE PERFORMANCE. GRANTEES ARE REQUIRED TO SUBMIT REPORTS ON THEIR PROGRAM ACTIVITIES THROUGHOUT THE GRANT PERIOD IN ALIGNMENT WITH THE RFP AND GRANT GUIDELINES. 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.

**PART I, LINE 3:**

THE ACCRUAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR FOREIGN EXPENDITURES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PREVCON - SAFETY CONFERENCE (event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART II, COLUMN (A)

THE PREVCON EVENT IS HELD BIANNUALLY, AND THE REVENUE AND EXPENSES DO NOT ALWAYS OCCUR IN THE SAME REPORTING YEAR AS DETERMINED BY THE RELEVANT FINANCIAL ACCOUNTING RULES.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AKRON CHILDRENS HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308	34-0714357	501(C)(3)	66,000.	0.			SAFETY INITIATIVES
GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418	06-0647014	501(C)(3)	51,700.	0.			SAFETY INITIATIVES
MEMORIAL HEALTHCARE SYSTEM 3501 JOHNSON STREET HOLLYWOOD, FL 33021	59-6014973	501(C)(3)	40,000.	0.			SAFETY INITIATIVES
NORTH CAROLINA DEPARTMENT OF INSURANCE - 1201 MALL SERVICE CENTER - RALEIGH, NC 27699-1201	56-1401519	115	39,750.	0.			SAFETY INITIATIVES
BALLAD HEALTH 303 MED TECH PARKWAY JOHNSON CITY, TN 37604	61-1771290	501(C)(3)	37,000.	0.			SAFETY INITIATIVES
CHILDRENS HEALTH SYSTEM OF TEXAS 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235	75-0800628	501(C)(3)	33,500.	0.			SAFETY INITIATIVES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 80.

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

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

Schedule I (Form 990) (Rev. 12-2024)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF PHILADELPHIA 1121 E CHESTNUT AVENUE JEFFERSONVILLE, PA 19403	23-1352166	501(C)(3)	32,600.	0.			SAFETY INITIATIVES
KAPIOLANI MED CNTR FOR WOMEN & CHILDREN - 55 MERCHANT STREET - HONOLULU, HI 96813	99-0177350	501(C)(3)	29,500.	0.			SAFETY INITIATIVES
CLARK COUNTY SAFE KIDS 3196 S MARYLAND PARKWAY LAS VEGAS, NV 89109	86-0858427	501(C)(3)	28,000.	0.			SAFETY INITIATIVES
ALTRU HEALTH SYSTEM 1200 S COLUMBIA ROAD, PO BOX 6002 GRAND FORKS, ND 58206	45-0310462	501(C)(3)	27,630.	0.			SAFETY INITIATIVES
CHILD CRISIS ARIZONA 817 N COUNTY CLUB DRIVE MESA, AZ 85201	86-0324144	501(C)(3)	25,500.	0.			SAFETY INITIATIVES
VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 121236 - DALLAS, TX 75312-1236	35-2528741	501(C)(3)	25,200.	0.			SAFETY INITIATIVES
EL PASCO COUNTY HOSPITAL DISTRICT 4815 ALAMEDA AVENUE EL PASCO, TX 79905	74-6000756	501(C)(3)	24,700.	0.			SAFETY INITIATIVES
SAFE KIDS MAINE PO BOX 550 WINDHAM, ME 04062-0000	27-3670236	501(C)(3)	24,500.	0.			SAFETY INITIATIVES
TEXAS CHILDRENS HOSPITAL 6621 FANNIN STREET HOUSTON, TX 77030	74-1100555	501(C)(3)	24,500.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COBB COUNTY BOARD OF HEALTH 1650 COUNTY SERVICES PARKWAY MARIETTA, GA 30008-4010	58-1517015	501(C)(3)	23,700.	0.			SAFETY INITIATIVES
LEE MEMORIAL HEALTH SYSTEM FOUNDATION - 16451 HEALTHPARK COMMONS DRIVE SUITE 200 - FORT MYERS, FL 33908	65-0645343	501(C)(3)	23,000.	0.			SAFETY INITIATIVES
FRANCISCAN HEALTH FOUNDATION INC 3510 PARK WEST MISHAWAKA, IN 46546	35-1955283	501(C)(3)	22,617.	0.			SAFETY INITIATIVES
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	21,700.	0.			SAFETY INITIATIVES
YELLOWSTONE COUNTY EDUCATION FOR SAFETY - 1701 MONTANA AVENUE - BILLINGS, MT 59101	26-2387786	501(C)(3)	21,500.	0.			SAFETY INITIATIVES
YORK HOSPITAL PO BOX 2767 YORK, PA 17405-2767	23-1352222	501(C)(3)	21,307.	0.			SAFETY INITIATIVES
WEBER MORGAN HEALTH DEPARTMENT 477 23RD STREET OGDEN, UT 84401	87-6000308	115	20,500.	0.			SAFETY INITIATIVES
TOLEDO HOSPITAL 2142 NORTH COVE BOULEVARD TOLEDO, OH 43606	34-4428256	501(C)(3)	19,693.	0.			SAFETY INITIATIVES
CHILDRENS HOSPITAL 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	19,500.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE KIDS OF GEORGIA INC 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	58-1936575	501(C)(3)	19,150.	0.			SAFETY INITIATIVES
ATLANTIC HEALTH SYSTEM INC 100 MADISON AVENUE MORRISTOWN, NJ 07960	52-1958352	501(C)(3)	19,000.	0.			SAFETY INITIATIVES
POUDRE VALLEY HOSPITAL AND MEDICAL CENTE - 2315 EAST HARMONY ROAD - FORT COLLINS, CO 80528	74-1894581	501(C)(3)	19,000.	0.			SAFETY INITIATIVES
UNIVERSITY OF SOUTH ALABAMA 1700 CENTER STREET MOBILE, AL 36604-3391	63-0477348	501(C)(3)	19,000.	0.			SAFETY INITIATIVES
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL - 225 EAST CHICAGO AVENUE - CHICAGO, IL 60611-2605	36-2170833	501(C)(3)	18,431.	0.			SAFETY INITIATIVES
SAFE KIDS ST LUCIE INC 5150 NW MILNER DRIVE PORT ST LUCIE, FL 34983	83-2779678	501(C)(3)	18,350.	0.			SAFETY INITIATIVES
CHILDRENS HOSPITAL OF ORANGE COUNTY - COMMUNITY EDUCATION - ORANGE, CA 92868-3874	95-2321786	501(C)(3)	17,537.	0.			SAFETY INITIATIVES
CHILDRENS CENTER INC 6800 N W 39TH STREET BETHANY, OK 73008	73-0580264	501(C)(3)	17,200.	0.			SAFETY INITIATIVES
UTAH COUNTY GOVERNMENT 100 E CENTER STREET PROVO, UT 84606	87-6000312	501(C)(3)	16,937.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPHS HOSPITAL INC 3001 W DR MLK JR BLVD TAMPA, FL 33607-6307	59-0774199	501(C)(3)	16,500.	0.			SAFETY INITIATIVES
CITY OF COLUMBUS 240 PARSONS AVENUE COLUMBUS, OH 43215	31-6400223	115	16,000.	0.			SAFETY INITIATIVES
SAN JOAQUIN COUNTY - PUBLIC HEALTH SERVI - PO BOX 2009 - STOCKTON, CA 95201-2009	94-6000531	501(C)(3)	16,000.	0.			SAFETY INITIATIVES
MACON-BIBB COUNTY BOARD OF HEALTH DEPT - 1600 FOSYTH STREET - MACON, GA 31201	58-6000352	115	14,700.	0.			SAFETY INITIATIVES
SOUTHERN TIER HEALTH CARE SYSTEM INC - 150 NORTH UNION STREET - OLEAN, NY 14760	16-1469489	501(C)(3)	14,275.	0.			SAFETY INITIATIVES
MERCY HOUSING AND HUMAN DEVELOPMENT - PO BOX 8639 - GULFPORT, MS 39506	72-1354070	501(C)(3)	14,200.	0.			SAFETY INITIATIVES
UNIVERSITY OF KENTUCKY 210 MALABU DRIVE, SUITE 200 LEXINGTON, KY 40502	61-6033693	501(C)(3)	14,200.	0.			SAFETY INITIATIVES
SANFORD MEDICAL CENTER FARGO 5525 23RD AVENUE S FARGO, ND 58104	45-0226909	501(C)(3)	13,550.	0.			SAFETY INITIATIVES
REGIONS HOSPITAL 8170 33RD AVENUE SOUTH MINNEAPOLIS, MN 55440-1309	41-0956618	501(C)(3)	13,500.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON CHILDRENS HOSPITAL ONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	13,075.	0.			SAFETY INITIATIVES
SAFE KIDS TUSCALOOSA 3721 26TH AVENUE NORTHPORT, AL 35473	81-0637496	501(C)(3)	13,000.	0.			SAFETY INITIATIVES
CHILDRENS HOSPITAL OF ALABAMA 1600 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	12,700.	0.			SAFETY INITIATIVES
PARTNER IN PUBLIC HEALTH INC 11875 S SUNSET DRIVE OLATHE, KS 660612794	35-2268179	501(C)(3)	12,700.	0.			SAFETY INITIATIVES
JOHNS HOPKINS ALL CHILDRENS RESEARCH INS - 501 SIXTH AVENUE SOUTH - ST PETERSBURG, FL 33701-0000	59-0683252	501(C)(3)	12,000.	0.			SAFETY INITIATIVES
SOUTHWEST MISSOURI COMMUNITY ALLIANCE - 1601 S WALL AVENUE - JOPLIN, MO 64804	43-1801349	501(C)(3)	11,989.	0.			SAFETY INITIATIVES
MERITUS MEDICAL CENTER INC 11116 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	52-0607949	501(C)(3)	11,700.	0.			SAFETY INITIATIVES
ANMED HEALTH 800 NORTH FANT STREET ANDERSON, SC 29621	57-0359174	501(C)(3)	11,500.	0.			SAFETY INITIATIVES
RADY CHILDRENS HOSPITAL SAN DIEGO 3020 CHILDRENS WAY SAN DIEGO, CA 92123-0000	95-1691313	501(C)(3)	11,500.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT FRANCIS HOSPITAL INC 5353 E 68TH STREET TULSA, OK 74136	73-0700090	501(C)(3)	11,350.	0.			SAFETY INITIATIVES
PITT COUNTY MEMORIAL HOSPITAL INC PO BOX 6028 GREENVILLE, NC 27835-6028	56-0585243	501(C)(3)	11,200.	0.			SAFETY INITIATIVES
CHILDRENS HOSPITAL COLORADO 13123 EAST 16TH AVENUE AURORA, CO 80045	84-0166760	501(C)(3)	11,000.	0.			SAFETY INITIATIVES
SAFE KIDS CHARLOTTE MECKLENBURG 1201 CREWS ROAD MATTHEWS, NC 28105	20-8141442	501(C)(3)	10,700.	0.			SAFETY INITIATIVES
STANISLAUS COUNTY POLICE ACTIVITIES LEAG - 1325 BEVERLY DRIVE - MODESTO, CA 95351	77-0333848	501(C)(3)	10,500.	0.			SAFETY INITIATIVES
CHILDREN'S HOSPITAL & MEDICAL CENTER - 8200 DODGE STREET - OMAHA, NE 68114	47-0379754	501(C)(3)	10,000.	0.			SAFETY INITIATIVES
CHILD CARE ACTION COUNCIL THURSTON CNTY - 3729 GRIFFIN LANE SE - OLYMPIA, WA 98501	91-1373181	501(C)(3)	9,900.	0.			SAFETY INITIATIVES
WAKE FOREST UNIVERSITY BAPTIST MED CNTR - 1 MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	51-0190238	501(C)(3)	9,503.	0.			SAFETY INITIATIVES
CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT STREET DES MOINES, IA 50309	42-0680452	501(C)(3)	9,185.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY LANNING MEMORIAL HOSPITAL ASSOCIATI - 715 N ST JOSEPH AVENUE - HASTINGS, NE 68901	47-0378779	501(C)(3)	9,100.	0.			SAFETY INITIATIVES
MONTGOMERY COUNTY MARYLAND 27 COURTHOUSE SQUARE ROCKVILLE, MD 20850	52-6000980	501(C)(3)	9,000.	0.			SAFETY INITIATIVES
INDIANA UNIVERSITY 1002 WISHARD BLVD INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	8,750.	0.			SAFETY INITIATIVES
STEVENS POINT CHILD SAFETY CENTER INC - 35 F PARK RIDGE DRIVE - STEVENS POINT, WI 54481	93-0828679	501(C)(3)	8,500.	0.			SAFETY INITIATIVES
VALLEY CHILDRENS HEALTHCARE FOUNDATION - 9300 VALLEY CHILDRENS PLACE - MADREA, CA 93636	94-2797447	501(C)(3)	8,500.	0.			SAFETY INITIATIVES
CARDINAL GLENNON CHILDREN'S FOUNDATION - 3800 PARK AVENUE - SAINT LOUIS, MO 63110	43-1754347	501(C)(3)	8,000.	0.			SAFETY INITIATIVES
CARROLL COUNTY HEALTH DEPARTMENT 290 SOUTH CENTER STREET WESTMINSTER, MD 21157	35-2445586	115	8,000.	0.			SAFETY INITIATIVES
CHILDRENS HOSPITAL MEDICAL CENTER 8200 DODGE STREET OMAHA, NE 68114	31-0833936	501(C)(3)	8,000.	0.			SAFETY INITIATIVES
COUNTY OF IREDELL 318 TURNERSBURG HWY STATESVILLE, NC 28625	56-6000309	115	8,000.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INOVA HEALTH CARE SERVICES 8095 INNOVATION PARK DRIVE FAIRFAX, UT 22031	54-0620889	501(C)(3)	8,000.	0.			SAFETY INITIATIVES
PROVIDENCE HEALTH & SERVICE WASHINGTON - 3760 PIPER STREET - ANCHORAGE, AR 99508	92-0093565	501(C)(3)	8,000.	0.			SAFETY INITIATIVES
SHANDS TEACHING HOSPITAL AND CLINICS, IN - 1515 SW ARCHER ROAD - GAINESVILLE, FL 32608	59-1943502	501(C)(3)	8,000.	0.			SAFETY INITIATIVES
TALLAHASSEE MEMORIAL HEALTHCARE INC - 1300 MICCOSUKEE ROAD - TALLAHASSEE, FL 32308	59-1917016	501(C)(3)	8,000.	0.			SAFETY INITIATIVES
MEDICAL UNIVERSITY HOSPITAL AUTHORITY - 22 WESTEDGE STREET - CHARLESTON, SC 29403	57-1098556	501(C)(3)	7,876.	0.			SAFETY INITIATIVES
UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	7,350.	0.			SAFETY INITIATIVES
COUNTY OF SUMMIT 60 NORTH MAIN STREET COALVILLE, UT 84017	87-6000295	115	7,200.	0.			SAFETY INITIATIVES
ST MARYS MEDICAL CENTER 402 E 2ND STREET DULUTH, MN 55805	41-0695604	501(C)(3)	7,200.	0.			SAFETY INITIATIVES
BAPTIST HEALTH SYSTEM FOUNDATION INC - 841 PRUDENTIAL DRIVE - JACKSONVILLE, FL 32207	59-2487135	501(C)(3)	7,000.	0.			SAFETY INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY MED HEALTH SYSTEM 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1641730	501(C)(3)	6,000.	0.			SAFETY INITIATIVES
ILLINOIS ASSOCIATION OF CHIEFS OF POLICE - 426 SOUTH FIFTH STREET - SPRINGFIELD, IL 62701	45-0601313	501(C)(3)	5,750.	0.			SAFETY INITIATIVES
STATE FARM 300 BRUCKSTONE SQUARE, STE 601 ANDOVER, MD 01810			9,500.	0.			SAFETY INITIATIVES

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

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

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

PART I, LINE 2:

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

WHEN GRANT FUNDS ARE AVAILABLE TO THE SAFE KIDS COALITION NETWORK, THE ORGANIZATION WILL ANNOUNCE OPPORTUNITIES THROUGH A REQUEST FOR PROPOSAL (RFP) AND SELECT GRANTEEES THROUGH A COMPETITIVE GRANT PROCESS. COALITION GRANT APPLICATIONS ARE EVALUATED BASED ON CRITERIA OUTLINED IN THE RFP AND GRANT GUIDELINES BY AN INTERNAL REVIEW TEAM AT SAFE KIDS WORLDWIDE. SELECTED COALITIONS ARE NOTIFIED OF AWARD THROUGH AN AWARD LETTER AND EACH GRANTEE SIGNS A GRANT AGREEMENT. SAFE KIDS THEN DISTRIBUTES THE GRANT CHECK. DEPENDING ON THE SIZE OF THE GRANT, IT MAY BE A ONE-TIME PAYMENT, OR CONSIST OF MULTIPLE PAYMENTS. SAFE KIDS CONDUCTS COALITION WEBINARS REGULARLY TO DISCUSS THE EXPECTATIONS OF GRANT PROGRAMS AND DISCUSS AVAILABLE PROGRAM RESOURCES. SAFE KIDS PROGRAMS TEAM AND SUBJECT MATTER EXPERTS PROVIDE TECHNICAL ASSISTANCE TO GRANTEEES THROUGHOUT THE GRANT PERIOD AND TRACK GRANTEE PERFORMANCE. GRANTEEES ARE REQUIRED TO SUBMIT REPORTS ON THEIR PROGRAM ACTIVITIES THROUGHOUT THE GRANT PERIOD IN ALIGNMENT WITH THE RFP AND GRANT GUIDELINES. SAFE KIDS EVALUATES THE INFORMATION FOR FUTURE GRANT ISSUANCES, OR IF IT'S A MULTIPLE PAYMENT

**Part IV Supplemental Information**

GRANT, TO DETERMINE WHETHER OR NOT TO ISSUE THE NEXT PAYMENT. SOME OF THE GRANTS MAY BE MONITORED VIA QUARTERLY CONFERENCE CALLS AS WELL.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>SAFE KIDS WORLDWIDE</b>	Employer identification number <b>52-1627574</b>
--------------------------------------------------------	-----------------------------------------------------

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE RILEY-BROWN PRESIDENT/CEO (CNMC)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,403,367.	776,250.	197,990.	219,750.	47,363.	2,644,720.	0.
(2) ALDWIN LINDSAY EVP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	752,307.	341,423.	148,513.	128,584.	13,114.	1,383,941.	94,247.
(3) MARY ANNE HILLIARD BOARD SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	703,516.	322,000.	93,024.	108,475.	36,821.	1,263,836.	65,952.
(4) KURT D. NEWMAN, MD FORMER PRESIDENT/CEO CNMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	168,388.	0.	489,764.	4,644.	21,259.	684,055.	464,056.
(5) TORINE V. CREPPY PRESIDENT OF SKW	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	395,836.	112,138.	29,718.	47,695.	43,557.	628,944.	26,614.
(6) JENNIFER MACKAY DIRECTOR OF RESEARCH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	177,934.	31,821.	3,897.	7,638.	12,761.	234,051.	0.
(7) CASSANDRA LYNN HERRING DIR OF CHILD OCCUPANT PROTECTION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	158,912.	15,839.	493.	7,678.	12,739.	195,661.	0.
(8) E. JANE ENRIGHT CREATIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	147,554.	14,001.	774.	7,466.	2,337.	172,132.	0.
(9) GARY KARTON CONTENT ADVISOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	144,305.	10,065.	1,976.	7,215.	1,008.	164,569.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3

PROCESS FOR DETERMINING COMPENSATION

SAFE KIDS WORLDWIDE RELIES ON ITS SOLE MEMBER'S, CHILDREN NATIONAL MEDICAL CENTER (DBA CHILDREN'S NATIONAL), TO DETERMINE COMPENSATION FOR SKW PRESIDENT. CHILDREN'S NATIONAL USES AN EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT DIRECTORS, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE PEOPLE, CULTURE AND COMPENSATION COMMITTEE OF THE CHILDREN'S NATIONAL BOARD TO ESTABLISH COMPENSATION.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

THE FOLLOWING OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, AND COLUMN (C) AS PART OF DEFERRED COMPENSATION OR SCHEDULE J, PART II, COLUMN (B)(III) WHEN AMOUNTS ARE DEFERRED AND DISTRIBUTED IN THE SAME CALENDAR YEAR:

ALDWIN LINSDAY \$111,334  
MARY ANNE HILLIARD \$91,225  
TORINE V. CREPPY \$30,445

ADDITIONALLY, THE FOLLOWING INDIVIDUALS RECEIVED DISTRIBUTIONS FROM THE PLAN THAT WERE DEFERRED ON A PREVIOUSLY FILED FORM 990 AND ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AS TAXABLE WAGES IN THE CURRENT YEAR.

ALDWIN LINDSAY \$94,246  
MARY ANNE HILLIARD \$65,951  
TORINE V. CREPPY \$26,614  
KURT NEWMAN \$464,056

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

SAFE KIDS WORLDWIDE

Employer identification number

52-1627574

FORM 990, PART III, LINE 1:

SAFE KIDS WORLDWIDE IS A NONPROFIT ORGANIZATION WORKING TO REDUCE UNINTENTIONAL INJURIES TO CHILDREN AGES 0-19 AND BUILD SUSTAINABLE SYSTEMS THAT SUPPORT INJURY PREVENTION. SAFE KIDS WORKS WITH STRATEGIC PARTNERS AND AN EXTENSIVE NETWORK OF MORE THAN 300 COALITIONS IN THE U.S. TO REDUCE TRAFFIC INJURIES, DROWNINGS, SLEEP-RELATED DEATHS, FALLS, BURNS, POISONINGS, AND MORE. WE ACHIEVE THIS WORK THROUGH A PUBLIC HEALTH APPROACH THAT INCLUDES RESEARCH, INTERVENTIONS TO EDUCATE AND RAISE AWARENESS, SAFETY DEVICE DISTRIBUTION AND ADVOCACY AT THE FEDERAL, STATE, AND LOCAL LEVELS. SAFE KIDS ALSO SUPPORTS A WORLDWIDE ALLIANCE OF LIKE-MINDED ORGANIZATIONS IN MORE THAN 20 COUNTRIES. SINCE 1988, SAFE KIDS AND ITS PARTNERS HAVE CONTRIBUTED TO A MORE THAN 60 PERCENT REDUCTION IN THE RATE OF FATAL CHILDHOOD UNINTENTIONAL INJURY IN THE U.S.

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

MEMBERS OR STOCKHOLDERS

CHILDREN'S NATIONAL MEDICAL CENTER (DBA CHILDREN'S NATIONAL) IS THE SOLE MEMBER OF SAFE KIDS WORLDWIDE.

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

MEMBERS OR STOCKHOLDERS

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

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

MEMBERS OR STOCKHOLDERS

THE ARTICLES AND BY-LAWS OF SAFE KIDS WORLDWIDE DESCRIBE CERTAIN RIGHTS RESERVED TO THE SOLE MEMBER.

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

FORM 990 REVIEW PROCESS

AFTER THE FORM 990 AND ALL SCHEDULES HAVE BEEN PREPARED BY THE ORGANIZATION'S PROFESSIONAL TAX SERVICES PROVIDER, THE RELEVANT COMMITTEES OF THE ORGANIZATION, ENTITY OPERATIONAL LEADERSHIP, AND FINANCE MANAGEMENT REVIEW APPLICABLE PORTIONS OF THE FORM 990. SKW POSTS A COPY OF THE FORM 990 TO THE SKW BOARD'S PORTAL PRIOR TO FILING WITH THE IRS. THE COMPLETED FORM 990 IS MADE AVAILABLE TO THE BOARDS OF CHILDREN'S NATIONAL AND SAFE KIDS WORLDWIDE.

FORM 990, PART V:

THE FILING ORGANIZATION HAS ENTERED "0" IN PART V, LINE 1A AND LINE 2A BECAUSE THE ORGANIZATION'S 1099 AND W-2 RETURNS ARE FILED BY AND UNDER THE NAME AND EIN OF CHILDREN'S HOSPITAL, INC., (DBA CHILDREN'S NATIONAL HOSPITAL), A RELATED ENTITY, UNDER A SHARED SERVICES AGREEMENT.

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

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

SAFE KIDS WORLDWIDE FORMALLY ADOPTED THE CONFLICT OF INTEREST POLICY OF ITS SOLE MEMBER. THE ORGANIZATION'S SOLE MEMBER, CHILDREN'S NATIONAL, MAINTAINS

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization SAFE KIDS WORLDWIDE	Employer identification number 52-1627574
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A CONFLICT OF INTEREST POLICY, WHICH REQUIRES EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM AT LEAST ANNUALLY. IN ADDITION, EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE IS INSTRUCTED TO AMEND THE CONFLICT OF INTEREST DISCLOSURE FORM IMMEDIATELY UPON A CHANGE IN STATUS OF ANY OF THE QUESTIONS ON THE DISCLOSURE FORM. THE DISCLOSURE FORMS ARE REVIEWED ANNUALLY BY THE CHIEF LEGAL OFFICER AND POTENTIAL CONFLICTS OF INTEREST ARE NOTED. THE ORGANIZATION'S BOARD MAKES A DETERMINATION BASED ON THE RECOMMENDATION OF THE CHIEF LEGAL OFFICER AS TO WHICH PERSONS SHOULD BE CONSIDERED "INTERESTED PARTIES" BASED ON THE CRITERIA SET FORTH IN CHILDREN'S NATIONAL'S CONFLICT OF INTEREST POLICY. INDIVIDUALS WITH A POTENTIAL CONFLICT MAY ATTEND A MEETING WHERE THE MATTER IS INTRODUCED AND MAY BE ASKED QUESTIONS RELATED TO THE MATTER BUT ARE THEN EXCUSED FROM THE MEETING FOR ULTIMATE DELIBERATION AND VOTE.

FORM 990, PART VI, LINES 13 AND 14:

GOVERNING POLICIES

THE ORGANIZATION IS GOVERNED BY THE POLICIES OF ITS SOLE MEMBER, CHILDREN'S NATIONAL. THESE POLICIES INCLUDE A WRITTEN WHISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

SAFE KIDS WORLDWIDE RELIES ON ITS PARENT, CHILDREN'S NATIONAL, TO DETERMINE COMPENSATION FOR SKW'S PRESIDENT. CHILDREN'S NATIONAL USED AN EXECUTIVE COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE PEOPLE, CULTURE AND COMPENSATION COMMITTEE OF THE BOARD TO ESTABLISH COMPENSATION. THE COMMITTEE DOCUMENTS ITS DELIBERATIONS AND DECISIONS REGARDING COMPENSATION MATTERS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

SAFE KIDS WORLDWIDE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE PROVIDED ON REQUEST AND THROUGH PUBLIC FILINGS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	1,657,043.
MANAGEMENT AND GENERAL EXPENSES	43,096.
FUNDRAISING EXPENSES	52,687.
TOTAL EXPENSES	1,752,826.

SUB-CONTRACTORS:

PROGRAM SERVICE EXPENSES	150,654.
TOTAL EXPENSES	150,654.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,903,480.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REFUNDED GRANTS	149,082.
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**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

OMB No. 1545-0047

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <p align="center">SAFE KIDS WORLDWIDE</p>	Employer identification number <p align="center">52-1627574</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

**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
CHILDREN'S HOSPITAL FOUNDATION - 52-1640402 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	FUNDRAISING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CNMC		X
CHILDREN'S NATIONAL MEDICAL CENTER - 52-1640403, 111 MICHIGAN AVENUE, NW, WASHINGTON, DC 20010	HEALTH CARE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12C, III-FI	N/A		X
CHILDREN'S RESEARCH INSTITUTE - 52-1654453 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	RESEARCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CNMC		X
CHILDREN'S HOSPITAL - 53-0196580 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	HEALTH CARE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	CNMC		X

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

Schedule R (Form 990) (Rev. 1-2025)



**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	
CHILDREN'S PEDIATRICIANS AND ASSOCIATES, LLC - 52-2072589, 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	HEALTH CARE	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
52/53 NMTC LLC - 83-2873855 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	PROPERTY MANAGEMENT	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
52/53 HTC LLC - 83-3044006 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	PROPERTY MANAGEMENT	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
54 NMTC LLC - 83-3358685 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	PROPERTY MANAGEMENT	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHILDREN'S NATIONAL HEALTH NETWORK - 52-1996521, 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	HEALTH CARE	DC	N/A	C CORP	N/A	N/A	N/A		X
BEARACUDA RE PO BOX 69 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	REINSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
PEDIATRIC HEALTH NETWORK INC. - 83-3415276 12211 PLUM ORCHARD DR., STE 102 SILVER SPRING, MD 20904	HEALTH CARE	DC	N/A	C CORP	N/A	N/A	N/A		X
BUILDING 52/32 MANAGING MEMBER LLC - 83-2801690, 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	PROPERTY MANAGEMENT	DC	N/A	C CORP	N/A	N/A	N/A		X
BUILDING 54 MANAGING MEMBER LLC - 83-3272918 111 MICHIGAN AVENUE WASHINGTON, DC 20010	PROPERTY MANAGEMENT	DC	N/A	C CORP	N/A	N/A	N/A		X



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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



**Part VII Supplemental Information**

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

**EMPLOYEE COMPENSATION**

SAFE KIDS WORLDWIDE (SKW) SOLE CORPORATE MEMBER, CHILDREN'S NATIONAL  
 MEDICAL CENTER (DBA CHILDREN'S NATIONAL) PERFORMS VARIOUS FUNCTIONS ON  
 BEHALF OF SKW. SKW EMPLOYS NO STAFF MEMBERS INDEPENDENT OF CHILDREN'S  
 NATIONAL. SALARY COSTS ASSOCIATED WITH THE EFFORT OF INDIVIDUALS WHO  
 FUNCTION IN SKW ACTIVITIES ARE TRANSFERRED TO SKW ON THE BASIS OF  
 ACTUAL EFFORT. BENEFIT COSTS ARE ALLOCATED TO SKW BASED ON THE ACTUAL  
 COST OF BENEFITS PROVIDED AND REFLECTED IN THIS RETURN.

**SCHEDULE R, PART II:**

THE HSC FOUNDATION WAS DISSOLVED EFFECTIVE JULY 2, 2024.