Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Inter	nal Revenu	ne rreasury e Service	► The organization may have to use a copy of this return to satisfy state re	eporting requ	lirements.	Inspection							
A	For the	2011 cale	ndar year, or tax year beginning August 1 , 2011, and endi	ng Ji	Jíy 31	, 20 12							
B 7	Check If a		C Name of organization National Child Safety Council		D Employ	er identification number							
	Address o		Doing Business As		1	38-6035290							
	Name cha	- 1	Number and street (or P.O. box if mail is not delivered to street address) Room/s	ujte	E Telephor	71							
亓	Initial retu	~ 1	4065 Page Avenue, PO Box 1368]	517.764.6070							
Ħ	Terminate	1	City or town, state or country, and ZIP + 4		<u> </u>	***************************************							
\exists	Amended	1	Jackson, Mi 49204-1368		G Gross re	eceipts \$ 6,231,169							
\Box		ŧ	F Name and address of principal officer: Ronald Breen, same as C above	Life A la thir		for affiliates? Yes No							
	1 to bunance	, r perceng		1		ncluded? Yes No							
7	Tax-exem	ryf etatuer	✓ 501(c)(3)			ilist (see instructions)							
<u>!</u>	Website:		w.nationalchildsafetycouncil.org		p exemption	,							
-			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms			of legal domicile; MI							
		Summ			I IVI CIEIC	or regar don though							
			scribe the organization's mission or most significant activities: The m	niceion of No	tional Chil	d Safety Council is to							
	!	_	WENTER-PRO		~ p++ - b - b								
Ş		prevent needless childhood accidents and help save lives through meaningful safety education. The Council's goal is to study, improve and facilitate the continuing safety education of school aged children and to provide safety education programs and											
ğ			to local law enforcement departments that safeguard children from injury										
Activities & Governance			s box I if the organization discontinued its operations or disposed										
Ö			e discussion and a gold of the first description of S		اسا	_							
PÖ	3		of independent voting members of the governing body (Part VI, line 1b)			5							
fies	1				. 5	6							
Ž	1		ber of individuals employed in calendar year 2011 (Part V, line 2a)			60							
Ac			ber of volunteers (estimate if necessary) , , , , . , , ,		. 6	25							
	1		elated business revenue from Part VIII, column (C), line 12		. 7a	23,199							
	b N	vet unrei	ated business taxable income from Form 990-T, line 34	Prior Y	. 7b	-D-							
	١,	>	the second warming the state of the			Current Year							
23	1		ions and grants (Part VIII, line 1h)	2,214,865	2,364,666								
Revenue	1		service revenue (Part VIII, line 2g)										
Be	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)		77	60							
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	276,612	409,177								
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	**	2,491,554	2,773,903							
	1		d similar amounts paid (Part IX, column (A), lines 1-3)	1									
	ŀ	-	pald to or for members (Part IX, column (A), line 4)		4 4 4 4 4 4 4 4								
es			ther compensation, employee benefits (Part IX, column (A), lines 5-10)		1,288,599	1,249,679							
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)	enamente (Citation									
옸			inaising expenses (Part IX, column (D), line 25) > 390,877										
	i .		enses (Part IX, column (A), lines 11a-11d, 11f-24e) ,		1,614,234	1,441,137							
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,902,833	2,690,816							
	I	tevenue	ess expenses, Subtract line 18 from line 12 , , , ,		(411,279)	83,087							
Net Assets or Fund Balances				Beginning of C		End of Year							
sset	20 7		ets (Part X, line 16)		2,089,404	2,185,782							
et A	21 7		lities (Part X, line 26)		1,232,542	1,245,834							
			s or fund balances. Subtract line 21 from line 20 , , ,	*******	856,862	939,948							
			ure Block	·									
Un	der penalti	es of perjur	y, I declare that I have examined this return, including accompanying schedules and state ite. Declaration of preparer (other than officer) is based on all information of which prepare	ements, and to	the best of n	ny knowledge and bellef, it is							
44.01	e, ubitaci,		ne. Declaration of preparer (other than officer) is based on all information of which prepare	a nas any knov	месйе.	······							
O	1		cel Reichard										
Sig		Signa	ture of officer	D	ete /	-0/10							
He	re		ill Reichard		-2/0	29/12							
			or print name and title		· · · · · · · · · · · · · · · · · · ·								
Pa	id	Print/Typ	e preparer's name Preparer's signature D	ete	Check [
	eparer				self-emp	ployed							
	e Only		me >	Fir	m¹s EIN ▶								
	_	∫ Firm's at		Ph	one no.								
May	y the IRS	3 discuss	this return with the preparer shown above? (see instructions)			Yes No							

National Child Safety Council (NCSC) provided 1,232 child safety programs to local law enforcement departments in 40 state child safety programs reached approximately 867,000 school aged children and their families. NCSC scheduled and conduct safety assemblies for school children and their staff that included performances by our nationally recognized child safety m 'Safetypup'. NCSC sponsored and/or attended a total of 15 local, state or national law enforcement conventions and coordination many other special projects on a local, state and national level with crime prevention associations, high schools, elementary and local chie groups. The NCSC full-time Research and Development department created and/or updated child safety setuc materials on such topics as: general child safety, friendly police officers, school bus safety, bicycle safety, household safet belt use, child abuse, sexual abuse, teen dating, alcohol and drug abuse prevention and bullying. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$)		30 (2011)	Page 2
1 Briefly describe the organization's mission: The mission at National Child Safety Council is to prevent needless childhood accidents and help save lives through meanisatery education. The Council's goal is to study, improve and facilitate the continuing astety education of school aged child to provide safety of provided the program services during the year which were not listed on the property of the organization cease conducting, or make significant changes in how it conducts, any program services? 1 If "Yes," describe these enhanges on Schedule O. 2 Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(e)(3) and 501(6)(4) organizations and section 4947(e)(1) trusts are required to report the a grants and silicoations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$	ेवार्		
The mission at National Child Safety Council is to prevent needless childhood accidents and help save lines through meants astey education of school aged child to provide safety education programs and materials to local low enforcement departments that safeguard children from injudenth arising out of preventable accidents. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27			<u> 🗆</u>
safety education. The Council's goal is to study, improve and facilitate the continuing safety education of school aged child to provide safety education programs and materials to local bave enforcement departments that safeguard children from injuing death arising out of preventable accidents. 2 Did the organization undertake arry significant program services during the year which were not listed on the proof form 990 or 990-E2? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as mest expenses. Section 501(c(s)) and 501(c(s)) organizations and section 4947(a)(f) trusts are required to report the a grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$	3		
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If "Yes," describe these changes on Schedule O. Describe the organization's program services accomplishments for each of its three largest program services, as mee expenses. Section 5016(9(3) and 5016(94) organizations and section 4947(a)(1) trusts are required to report the a grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$	3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
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4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4b ((Code:) (Expenses \$including grants of \$) (Revenue \$)
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(Expenses \$ including grants of \$) (Revenue \$)	Ari C	Other program services (Describe in Schedule O.)	
		and the state of t	
4e Total program service expenses ▶ 1,887,294	<u> </u>		

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Par	IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	1	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	complete Schedule D, Part VI	11a	/	
	Did the organization report an amount for Investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<u>√</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<u>√</u>
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	v	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>√</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<u>√</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		<u>······</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>····</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u>√</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

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Pari	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	Γ	Yes	No
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21	<u> </u>	1
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		, ,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	2720000	√
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ,	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		✓
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	•	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			

Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 15 o 16 the reparabation comply with backup witholding interest in the applicable 15 o 0 o 10 did the organization comply with backup witholding interest for programs to vendors and reportable gaming (gambling) withings to prize winners? Enter the number of enorghy with backup witholding interest for proportable payments to vendors and reportable gaming (gambling) withings to prize winners? Enter the number of enorghy with backup witholding interest of the calendar year ending with or within the year covered by this return 2 of 16 the calendar year ending with or within the year covered by this return 2 of 17 the sum of lines is and 2a ls greater than 260, you may be neglited to 4-file (see instructions) 33 Did the organization have unrelated business gross inscribed for other cauthority over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial account in a foreign country; I over, a financial accountry of the financial accountry o	221	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		_	
b Enter the number of Forms W-2G Included in line 1a. Enter 0- if not applicable. Did the organization correptly with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) whinings to prize winners? Statements, filed for the calendar year ending with or within the year covered by this return. Statements, filed for the calendar year ending with or within the year covered by this return. Note. If the sum of lines is and Za is greater than 250, you may be required to 6-vile (see instructions). The statements of the statements of the organization file all required facetal employment tax returns? Note. If the sum of lines is and Za is greater than 250, you may be required to 6-vile (see instructions). The statements of the statements of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts accountly? If "Yes," enher the name of the foreign country. Phase instructions for filing requirements for Form TD F90-221, Report of Foreign Bank and Financial Accounts. So Was the organization aparty to a prohibited tax shelter transaction at a virtual account, or if "Yes" to line 5a or 5b, id the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" or line 5a or 5b, id the organization that was or is a party to a prohibited tax shelter transaction? If "Yes," did the organization include with overly solicitation an express statement that such contributions or gifts were not tax deductible? The "Yes," did the organization include with overly solicitation and express statement that such contributions or gifts were not tax deductible? The "Yes," did the organization include with overly solicitation and express statement that such contributions or gifts were not tax deductible? The "Yes," did the organization included or here wise of the goods or services provided? The organization receive any funds, directl				Yes	No
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14a Did the organization receive any payments for indoor tanning services during the tax year?		Enter the energy at a first and a second sec			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		in the state of th	44-		
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		+	<u>v</u>

D.	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	for a	
	Check if Schedule O contains a response to any question in this Part VI			. 🗸
Sect	on A. Governing Body and Management			
	man and a second control of the cont	Basana.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6			
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?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	1	
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?	7a	✓	ļ
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	MAG SHE	21500000000
•	the year by the following:			
а	The governing body? . , , ,	8a		
ь	Each committee with authority to act on behalf of the governing body?	8b	<u>/</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		·*	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Ci	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
ь	If "Yes," dld the organization have written policies and procedures governing the activities of such chapters,		_	
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	atoma ya	/
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	/	ļ
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Ψ	<u> </u>
•	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy? , . , . ,	13	'	
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	2.96191	√
ט	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?	16b		
Secti	on C. Disclosure			l
17	List the states with which a copy of this Form 990 is required to be filled ▶ See Schedule 0, Page 1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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.	•	•	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	Inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Parian Ros. 4065 Page Avenue. Michigan Center. MI 48254. 517, 764 6070	of the		
	organization: Figure 100 Brian Roe, 4065 Page Avenue, Michigan Center, MI 48254, 517.764.6070			

Form	990	(2011)	ì

Page 7

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

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

[7]

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

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

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

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

Check this box if neither the organization no		d ora	aniz	zatio	on c	ompe	ensa	ated any currer	t officer, director	or triistee
(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an officer and a director/frustee)						(D) Reportable compensation	(E) Reportable	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individua or directo	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Ronald Breen										
Director, President	1.0	✓		1				-0-	-0-	- 0 -
(2) Gaylord T. Walker										
Director, Vice President	1.0	✓		/				-0-	- 0 -	- 0 -
(3) Steve Beli					ļ					
Director	1.0	✓			L			- 0 -	- D -	0 ~
(4) Brian S. Foor										
Director	1.0	✓						-0-	- 0 -	-0-
(5) Steven Ledbetter										
Director	1.0	√		L.				-0-	- 0 -	-0-
(6) Janice Sheppard		,								
Director (7) Alvin E, Elliott	1.0	✓						-0-	-0-	-0-
Director, President										
(8) Jill Reichard	1.0	✓		✓				- 0 -	- 0 -	-0-
Secretary / Treasurer, Charity Accountant	22.0			,				04 700	_ [
(9) Debra Cook	32.0			\leq				31,722	-0-	- 0 -
1st Vice President, Trainer, Safety Coordinator	16.0			1				40.497	27.545	_
(10) Howard R. Wilkinson	10.0			<u> </u>	-			40,485	67,545	-0-
Executive Director	20.0		Ì	1				-0-	440 744	
(11) Jacque Smith	20.0			•			\dashv	.0-	146,711	2,218
Safety Coordinator	8.0	ŀ		ŀ		1		21,123	81,190	
(12)	5.5					_		21,123	61,130	- 0 -
(13)	·			-						
(14)										

3.75	Section A. Officers, Directors, Trus	tees, Key E	mpio	yee		nd l C)	lighe	st C	Compensated E	mployees (c	ontinu	ed)	·
	(A)	(B)	/do.n	ot at	Pos	ition	e than		(D)	(E)		(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	e tnan i Is boti :or/trus	h an	Reportable compensation	Reportable compensation		Estima	-
		week (describe	<u> </u>		_	·		Ť	from	related		amoun othe	r
		hours for	divid	stitut	Officer	Key employee	ghes	Former	the organization	organizatior (W-2/1099-MI		compens from t	
		related organizations	tor tr	onal		lg lg	t con]	(W-2/1099-MISC)			organiza and rela	
		in Schedule O)	Individual trustee or director	Institutional trustee		e e	Highest compensated employee					organiza	
(15)				ğ			ated	-					
(16)													· · ·
(17)						_							
(18)									· · · · · · · · · · · · · · · · · · ·		_ -		
(19)				-					· · · · · · · · · · · · · · · · · · ·				
(20)												√	
(20)													
(21)	***************************************							·					
(22)													
(23)				\dashv	-								• • • • • • • • • • • • • • • • • • • •
(24)								_					

(25)								Ì					
1b	Sub-total ,			• •	. ,	<u>.</u>	. 1	>	93,330	295,4	46		2,218
c d	Total (add lines 1b and 1c)				•	•	. ,	▶ ▶	93,330	295.4	IAC		2010
2	Total number of individuals (including but reportable compensation from the organiz	not limited	to the	sel	iste	ed a						of	2,218
3												Ye	s No
u	Did the organization list any former offi employee on line 1a? If "Yes," complete S	icer, airect ichedule J i	or, or for suc	tru ch ir	ste r <i>div</i>	e, k ridu:	keyei a <i>l</i> .	mpl	oyee, or highe	est compens	ated	3	
4	For any individual listed on line 1a, is the	sum of rep	ortab	le c	omp	oen	sation	n an	d other compe	ensation from	n the		
	organization and related organizations of individual	greater tha	n \$18	0,0	007) If	"Yes	," c	complete Sche	edule J for	such		
5	Did any person listed on line fa receive or for services rendered to the organization?	accrue con	npen	satio	on f	rom	any	Unr	elated organiza			4	
Sectio	n B. Independent Contractors	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		0,10				ion person .		•	5	
1	Complete this table for your five highest or compensation from the organization. Repo year.	ompensate ort compen	d inde satior	eper 1 for	ide the	nt c	ontra lenda	cto ir ye	rs that received ear ending with	more than to or within the	\$100,0 e orga	000 of nization's	tax
	(A) Name and business addra	ess							(B) Description of ser	vices		(C)	
										-,,555		ompensation	
						·							
2	Total number of independent contractors received more than \$100,000 of compensations.	s (including	but	not	In	nite	d to	tho	se listed abov	ve) who			

	XIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
n n	1a	Federated campaigns 1a	a l				
ons, Gifts, Grants Similar Amounts	b	Membership dues 1					
	C	Fundraising events 10					
T A	d	Related organizations 1	· · · · · · · · · · · · · · · · · · ·				
9 5	i						
Sir	e	Government grants (contributions) 1	3				
e H] 1	All other contributions, gifts, grants, and similar amounts not included above					
tributio Other	1						
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		2,364,666			
쯢		•	Business Code				
ě.	2a						
Ξ.	, b						
200	С						
Se	d	·					
Ē	е						
Program Service Revenue	f	All other program service revenue.					"I
Ę.	g	Total. Add lines 2a-2f ,	>				
	3	Investment income (including divi					
		and other similar amounts)	. , . , 🕨	60			60
	4	Income from investment of tax-exempt	bond proceeds >				
	5	Royalties , , , , ,	🕨				
		(i) Real	(ii) Personal				
	6a	Gross rents , 84,30	0				
	b	Less: rental expenses 58,76					
	С	Rental income or (loss) 25,53					
	d	Net rental income or (loss)		25,535		23,199	2,336
	7a	Gross amount from sales of (i) Securities	(ii) Other	20,555		23,133	Z,336 Cesta ethiographic proposition
		assets other than inventory					
	b	Less: cost or other basis	+				
	_	and sales expenses .					
	С	Gain or (loss)					
	d	NI-E					
	u	Net gain or (loss)		kanina ora vrojas ropiusi.	ese zam etro és desdivas		
e e	8a	Gross Income from fundralsing					
venue	02	events (not including \$					
		of contributions reported on line 1c).					
느		Con Cont NV III and A	a				
Other Re	b		b				
0		Net income or (loss) from fundraising					
		Gross income from garning activities.	gevenis . 🔛				
	Ju	O Pro-4 B / Pro- 40	2 555 744				
:			a 3,655,744				
		•	b 3,398,501	Data verscheim merician einer in eine bie			
	10-	Net income or (loss) from gaming ac	tivities ▶	257,243			257,243
		Gross sales of inventory, less returns and allowances					
			a				
		•	b				
}		Net income or (loss) from sales of in			on and one was a parameter of the con-	I Cara Cara Cara Cara Cara Cara Cara Car	
-	4.4	Miscellaneous Revenue	Business Code				
1	11a	Shared Services Revenue	561000	112,591			112,591
ŀ	b	Gain on Sale of Fixed Assets	900099	13,045			13,045
ŀ	C	Miscellaneous Income	900099	763	·		763
İ	d	All other revenue					
		Total. Add lines 11a-11d	📂	126,399			
E	12	Total revenue. See instructions.	>	2 773 903	. 0	22 100	205 020

Parl X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question i	n this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and Individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	72,207	40,938	10,574	20,695
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,048,418	729,306	88,398	230,714
9	Other employee benefits	42,607	35,395	1,202	6,010
10	Payroll taxes	86,447	60,026	7,072	19,349
11	Fees for services (non-employees):				10,013
а	Management				
b	Legal	11,466	3,822	3,822	3,822
C	Accounting	12,000	4,000	4,000	4,000
d	Lobbying		7,11	1,000	4,000
е	Professional fundralsing services. See Part IV, line 17	55			
f	Investment management fees		H122 985 000 H0110 H123 124 125 125 125 125 125 125 125 125 125 125		
g	Other , , ,	94,909	23,802	71,107	
12	Advertising and promotion	- //	20,002	71,107	~~
13	Office expenses	176,021	134,635	35,157	£ 220
14	Information technology	12,225	194,099	12,225	6,229
15	Royalties	, , , , , , , , , , , , , , , , , , ,		12,223	
16	Cocupancy	124,688	42,668	80.550	4 470
17	Travel , ,	351,944	263,797	80,550	1,470
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	301,014	203,797	643	87,504
19	Conferences, conventions, and meetings	7,113	7,113		
20	Interest	23,086	8,063	15,023	
21	Payments to affiliates		-,	10,020	
22	Depreciation, depletion, and amortization .	102,241	50,824	40,333	11,084
23	Insurance	140,842	97,503	42,539	11,004
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Educational Materials	385,402	385,402		
b				***************************************	
C					
d					
e	All other expenses				***
25	Total functional expenses. Add lines 1 through 24e	2,690,816	1,887,294	412,645	390,877
26	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		,		400,077
	following SOP 98-2 (ASC 958-720)	970,465	727,849		242,616
					,

_	m 990 (2 2) it X	•			Page 11
	CILCA	B Datatice Greet	(A)	T	(B)
			Beginning of year	1	End of year
	1	Cash-non-Interest-bearing	. 149,767	1	248,400
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	. 23,375	3	10,768
	4	Accounts receivable, net	. 123,186	4	181,647
	5	Receivables from current and former officers, directors, trustees,	key		
	İ	employees, and highest compensated employees. Complete Part	ll of		
		Schedule L		5	The state of the s
	6	Receivables from other disqualified persons (as defined under sec			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	uting the state of		
		employers and sponsoring organizations of section 501(c)(9) volume	The state of the s		
315		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net ,		7	
⋖	8	Inventories for sale or use	. 182,678	-	250,818
	9	Prepaid expenses and deferred charges	. 30,658	9	10,752
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3.4:			
			77,053		
	lo aa		64,384 1,398,121		1,322,669
	11	Investments—publicly traded securities , , , , ,		11	
	12 13	Investments—other securities. See Part IV, line 11		12	
	14	Investments—program-related. See Part IV, line 11			1,000
	15	Intangible assets	. 180,619		159,728
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,089,404	15 16	2 401 700
	17	Accounts payable and accrued expenses			2,185,782
	18	Grants payable		18	256,215
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ų;	22	Payables to current and former officers, directors, trustees,			
Liabilities		employees, highest compensated employees, and disqualified personal			
1		Complete Part II of Schedule L		22	17,156
:	23	Secured mortgages and notes payable to unrelated third parties .		23	587,718
	24	Unsecured notes and loans payable to unrelated third parties	. 175,808	_	284,745
	25	Other liabilities (including federal income tax, payables to related t	hird		· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines 17-24). Complete Pa	urt X		
		of Schedule D ,		25	
	26	Total liabilities. Add lines 17 through 25	. 1,232,542	26	1,245,834
w		Organizations that follow SFAS 117, check here ▶ 📝 and comp	lete in its and its an		
ğ		lines 27 through 29, and lines 33 and 34.			
ia	27	Unrestricted net assets		27	939,948
B	28	Temporarily restricted net assets		28	<u> </u>
ınd	29	Permanently restricted net assets		29	
É		Organizations that do not follow SFAS 117, check here ▶ □ an complete lines 30 through 34.			
ō	20				
Net Assets or Fund Balances	30 31	Capital stock or trust principal, or current funds		30	
455	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31	
et l	33	Total net assets or fund balances			000.015
Z	i	Total liabilities and net assets/fund balances		33	939,948
	U T		. 2,009,404	13-4	2,185,782 Form 990 (2011)

	90 (2011)			р	age 12
Par	Reconciliation of Net Assets		·		
<u>.</u>	Check if Schedule O contains a response to any question in this Part XI		<u></u>		. 🗸
1	Total revenue (must equal Part VIII column (A) line 19)	1.1			
2	Total revenue (must equal Part VIII, column (A), line 12)	1			73,903
3	Total expenses (must equal Part IX, column (A), line 25)	2			918,0
4	Revenue less expenses. Subtract line 2 from line 1	3			33,087
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	6,862
5	Other changes in net assets or fund balances (explain in Schedule O)	5			(1)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))			•	
		6		93	9,948
ELL	Financial Statements and Reporting				
····	Check if Schedule O contains a response to any question 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," ex Schedule O.	plain In		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an Independent accountant?		2a		
b	Were the organization's financial statements audited by an independent accountant?		2b	1	Y
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ærsiaht	2.0	<u> </u>	
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	./	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yes issued on a separate basis, consolidated basis, or both:	ar were			
	Separate basis Consolidated basis Both consolidated and separate basis	,			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	Factor in			
va	the Single Audit Act and OMB Circular A-133?	ioitti in			,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	· · ·	3a		✓
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		26		

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

	e of the organization						İ	Employer	identificatio	on number	
	onal Child Safety						<u> </u>			035290	
			a rity Status (All orga						instructi	ons.	
			lation because it is: (F								
1	☐ A church, co	onvention of chur	ches, or association o	f churche	s describ	oed in se	ction 170)(b)(1)(A)	(i).		
2			n 170(b)(1)(A)(ii). (Atta								
3	A nospital of	a cooperative ho	ospital service organiz	ation des	scribed in	section	170(b)(1)	(A)(iii).			
4	hospital's na	ime, city, and sta				•				•	
5	An organization 170	tion operated for (b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	overnmen	tal unit descri	bed in
6 7	== 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1										
8	☐ A community	y trust described	in section 170(b)(1)(A	(Co	mplete P	art II.)					
9	An organizat receipts from support from	ion that normally n activities relate n gross investme	receives: (1) more the d to its exempt function ent income and unre after June 30, 1975. S	an 331/39 tions—su lated bu	% of its subject to	support fr certain e exable in	exceptions come (le	s, and (2 ss sectio	no mor	e than 331/3%	of its
10									(4).		
11	To the state of th										
	a 🗌 Type						itegrated			a∵ rroi.] Type III–Oth	or
е	By checking other than fo or section 50	this box, I certify undation manage	that the organization ers and other than on	is not co	entrolled o	directly o	r indirecti	y by one	or more	disqualified pe	ersons
f	If the organiorganiorganization,		a written determination		the IRS	that It is	а Туре	I, Type	ll, or Typ	e III supporti	ng 🗔
g	Since Augus	t 17, 2006, has t	he organization acce	pted anv	gift or c	ontributio	on from a	inv of the	·		السا
	following per	sons?	<u></u>	, ,	3 · · · · ·			, 0,	-		
	(i) A person	who directly or i	indirectly controls, eith	her alone organizat	or toget	ther with	persons	describe	d in (ii) ar		No
			on described in (i) abo						• • •	11g(i)	
	(iii) A 35% co	introlled entity of	a person described in	. Alariil	shove?	• • •				11g(ii)	
h	Provide the fo	ollowing informat	on about the support	ed organ	ization(s).					11g(iii)	<u> </u>
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did) the orga col. (i)	ou notify nization in of your port?	(vi) is the organization in col. (i) organized in the U.S.?		(vil) Amount support	of
	***************************************			Yes	No	Yes	No	Yes	No	1	
A)											
B)											
C)											
D)	<u> </u>										
≣)											
						eligation account	51515651 035 015	Mar rootsuu			
		lending of a standard little brack to server				Hartestern Den sin	namanantiidii ka	PARTY STATES OF THE PARTY OF TH	to a summer of the second	l .	

	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked t	he box on line	5.7. or 8 of	Part I or if th	e organizatio	n failed to gu	v alify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	any andor
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				. ,	(0) 2011	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants,")	3,043,625	2,475,816	2,250,433	2,214,865	2,364,666	12,349,405
2	Tax revenues levied for the				~/11,000	2,504,000	12,345,403
	organization's benefit and either paid						
	to or expended on its behalf					İ	
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	3,043,625	2,475,816	2,250,433	2,214,865	2,364,666	12,349,405
5	The portion of total contributions by					2,504,000	12,345,405
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						_
6	Public support. Subtract line 5 from line 4.						- 0 - 12,349,405
Sect	ion B. Total Support		onur-233301-331-320201	***************************************	nenenonnesia ili es		12,340,405
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	3,043,625	2,475,816	2,250,433	2,214,865	2,364,665	12,349,405
8	Gross income from interest, dividends,			• •		2,001,000	12,040,403
	payments received on securities loans,						
	rents, royalties and income from similar		Í				
	sources	104	9	17	77	60	267
9	Net income from unrelated business	·					207
	activities, whether or not the business						
	is regularly carried on	4,026	(5,566)	24,166	11,214	25,535	59,375
10	Other income. Do not include gain or					• • •	
	loss from the sale of capital assets]	i			
	(Explain in Part IV.)	33,622	1,173,255	1,434,343	166,137	113,354	2,920,711
11	Total support. Add lines 7 through 10						15,329,758
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	21 574 707
13	First five years. If the Form 990 is for the	e organization'	s first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	re , , , ,					. ▶ □
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6	3, column (f) div	ided by line 11	, column (f))		14	80.56 %
15	Public support percentage from 2010 Sch	edule A, Part II	, fine 14		[15	82.09 %
16a		zation did not c	heck the box o	on line 13, and	line 14 is 331/2	3% or more, ch	eck this
_	box and stop here. The organization qual	illes as a public	bly supported o	organization		, ,	. ▶ 🗸
ь	331/s% support test—2010. If the organ	ization did not	check a box	on line 13 or	16a, and line	15 is 331⁄₃% o	or more,
	check this box and stop here. The organi						· · ·
17a	10%-facts-and-circumstances test – 20	111. If the organ	nization did not	t check a box	on line 13, 16a	, or 16b, and I	ne 14 is
	10% or more, and if the organization mee	≆ts the "facts-ai	nd-circumstan	ces" test, ched	ck this box and	stop here. E	kplain in
	Part IV how the organization meets the "fa organization".	acts-and-circun	nstances" test	. The organiza	tion qualifies a	s a publi cly su	pported
_							
b	10%-facts-and-circumstances test—20	10. If the organ	ization dld not	t check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	on meets the	"tacts-and-oird	cumstances" t	est, check thi	s box and sto	p here.
	Explain in Part IV how the organization me	eets the "facts-	and-circumsta	inces" test. Th	e organization	qualifies as a	publicty
18	supported organization	المالية المالية		40 40' :-			. ▶ 🗆
10	Private foundation. If the organization did	2 HOT CHECK & D	ox on line 13, '	16a, 16b, 17a,	or 17b, check	this box and s	00
	instructions						

	ule A (Form 990 or 990-EZ) 2011						Page
Par							
	(Complete only if you checked t	ne box on iir	e 9 of Part I o	or if the organ	ization failed	to qualify und	der Part II.
Sect	If the organization fails to qualify ion A. Public Support	under the te	ests listed be	ow, please co	omplete Part	II.)	
	ndar year (or fiscal year beginning in)	(m) 0007	6-X 0000	(-) 0000	6.50.004.0	1 () 00()	
1	Gifts, grants, contributions, and membership fees	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					 	
_	unrelated trade or business under section 513		-				
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf					ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			<u> </u>			
7a	Amounts included on lines 1, 2, and 3						**
	received from disqualified persons .					ļ	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	and the second					
	line 6.)						
	on B. Total Support					,	
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6 ,						
iua							
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	payments received on securities loans, rents, royalties and income from similar sources						
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less						
b	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses						
	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .						
С	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business						
С	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						•
c 11	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
С	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or					Table 1	
c 11	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
c 11	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
c 11	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
c 11	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)	e organizatior	's first, secon	d. third, fourth	or fifth tax ye	ar as a section	n 501(c)(3)
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c 11 12 13	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	е					
c 11 12 13	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Supports	e t Percentag	. , , , . B				> [
11 12 13 14 Section	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support.	e t Percentag , column (f) di	e vided by line 1	3, column (f))		15	> [
11 12 13 14 Section 15 16	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Supports	e t Percentag , column (f) di edule A, Part	e vided by line 1 III, line 15	3, column (f))			> [
11 12 13 14 Section 15 16	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2011 (line 8 Public support percentage from 2010 Schoon D. Computation of Investment Incomp.	e t Percentag , column (f) di edule A, Part come Percel	e vided by line 1: Ill, line 15 . ntage	3, column (f))		15	· · ▶ [
11 12 13 14 Section 15 16 Section 15	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2011 (line 8 Public support percentage from 2010 Schon D. Computation of Investment Income percentage from 2010 Investment income percentage from 2010	e	e vided by line 1 III, line 15 ntage nn (f) divided by	3, column (f))		15 16	▶ % %
11 12 13 14 Section 15 16 Section 17	payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2011 (line 8 Public support percentage from 2010 Schon D. Computation of Investment Inclinvestment income percentage for 2011 (linestment income percentage for 2011)	t Percentag, , column (f) di edule A, Part come Percei ne 10c, colum Schedule A, I zation did not	e vided by line 1: Ilf, line 15 . ntage nn (f) divided by Part III, line 17 check the box	3, column (f)) line 13, colum on line 14, an		15 16 17 18 ore than 331/s/2	% % % % % % % % % And line

b 33¹½% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization
 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Parally	Supplemental Information Part II, line 17a or 17 instructions).	rmation. C 7b; and Pa	Complete thi art III, line 12	is part to pro 2. Also comp	vide the exp lete this par	planations r t for any ad	equired by Part II, ditional informatio	Page 4 , line 10; on. (See
SCHEDULI	E A, PART II, LINE 10		*=====================================			w		
DESCR	RIPTION	2007	2008	2009	2010	2011	TOTAL	
Miscell	laneous Income *	33,622	8,791	18,570	3,361	763	65,107	
Shared	Services	0	29,671	103,670	103,576	112,591	348,508	
Insurar	nce Claim Proceeds	0	1,134,793	1,312,103	59,200	0	2,506,096	
Total to	Sch A, Part II, Line 10	33,622	1,173,255	1,434,343	166,137	113,354	2,920,711	
* The s	ingle largest source of m	iscellaneous	income is th	e sale of scrap	material.			75444444444444444444444444444444444444
*		7 P						
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

National Child Safety Council 38-6035290 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 Addredate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space 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 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedu	ale D (Form 990) 2011									Page 2
Per		Collections of	Art, Hi	stori	ical Tr	easures	s, or O	ther Similar	Assets (cor	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and o	ther rece	ords,	check	any of the	he follo	wing that are a	significant	use of its
а	☐ Public exhibition		đ		Loan o	r exchan	ge proc	ırams		
b	Scholarly research		е							
C	Preservation for future generations			_					w	
4	Provide a description of the organization XIV.	on's collections	and exp	lain h	now the	ey further	r the or	ganization's ex	empt purpo	se in Parl
5	During the year, did the organization s assets to be sold to raise funds rather t	solicit or receive han to be mainta	donatio ained as	ns of part	f art, hi	istorical t organizat	reasure		nilar · ∐ Yea	≈ □ No
Par									Form 990.	Part IV.
re-minister.	line 9, or reported an amount									,
1a		custodian or oth	ner inter	medi	ary for					
d	If "Yes," explain the arrangement in Par								· Yes	s ∐ No
1.7	ii res, explain the analigement in rai	t Atv and compi	ere nie i	Ollow	ving rai	JIE,	Г-	1	Amount	
c	Beginning balance						-		AIIOUII	
				• •			10			
ď	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						11	······		
2a	Did the organization include an amount		art X, lin	e 217	7				. ∐ Yes	s 🗌 No
b Barana	If "Yes," explain the arrangement in Par				1 (1)					
E	Endowment Funds. Complet									
		(a) Current year	(b) Pr	ior yea	ar	(c) Two yea	rs back	(d) Three years ba	ack (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships				***************************************					
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	current vear en	d baland	ce (lir	ne 1a. e	column (a)) held	38'	pienes manage	
а	Board designated or quasi-endowment		%	(.,,			
b	Permanent endowment ▶	%	'-							
C	Temporarily restricted endowment ▶	'-								
•	The percentages in lines 2a, 2b, and 2c		n 94							
За	Are there endowment funds not in the			izatio	n that	are held	and ad	ministered for	the	
	organization by:	P0888881911 9(III	o organ		ZII LIIQE	CIO HOIG	una da	TIME ISSUED ISSUED		/ B.T
	(i) unrelated organizations		,							es No
									. 3a(i)	
h	(ii) related organizations ,							,	. 3a(ii)	
b 4	If "Yes" to 3a(ii), are the related organization in Part YN the intended upon								. Зь	
- Part	Describe in Part XIV the intended uses o							··-···		
LEIU		·····								
	Description of property	(a) Cost or oti (investme		(b) (Cost or a (othe	other basis er)		Accumulated epreciation	(d) Book	value
1a	Land		156,000			88,000				244,000
b	Buildings	1	,184,412			864,389		1,058,444		990,357
C	Leasehold improvements			1		•				
d	Equipment		***************************************	t		898,505		856,802		41,703
е	Other		66.792	t		218.955		239.138	**	46 609

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,322,669

Part VII	Investments - Other Securitie	s. 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
	al derivatives		
	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)	·		
(G)	· · · · · · · · · · · · · · · · · · ·		
(H)			
(l)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments - Program Relate	d See Form 900 Port	
	(a) Description of investment type	(b) Book value	
	the property of the controller type	(D) DOOK VAIGE	(c) Method of valuation: Cost or and-of-year market value
(1)			
(2)		, 100 Table 100	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, P		
		(a) Description	(b) Book value
(1)			
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) (10)			
(2) (3) (4) (5) (6) (7) (8) (9) (10)	imn (b) must equal Form 990, Part X, с Other Liabilities. See Form 990	col. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	col. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation	ımn (b) must equal Form 990, Part X, с Other Liabilities. See Form 990	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna X 1. (1) Federal (2)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) 1. (1) Federal (2) (3)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) 1. (1) Federal (2) (3) (4)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) 1. (1) Federal (2) (3) (4) (5)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) 1. (1) Federal (2) (3) (4) (5)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna (Col	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) (1) Federal (2) (3) (4) (5) (6) (7) (8)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (C	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	imn (b) must equal Form 990, Part X, continuous Other Liabilities. See Form 990 (a) Description of liability income taxes	ot. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (9) (10) (11) Total. (Column (11) (11) (12) (13) (14) (15) (15) (15) (17) (18) (19) (10) (111) Total. (Column (11)	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability income taxes b) must equal Form 990, Part X, col. (B) line 25.)	ol. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (2) 2. FIN 48 (A	imn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990 (a) Description of liability income taxes b) must equal Form 990, Part X, col. (B) line 25.)	col. (B) line 15.)	the organization's financial statements that reports the

B-CO-Charles	ine D (FORM 990) 2011		Page 4
E	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments ,	7	·
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	# Dotum	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
a	As a sure		
b			
	Donated services and use of facilities		
ا. ت	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts Included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
ici	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
¢	Other losses		
d	Other (Describe in Part XIV,)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also conditional information.	Part IV, lines 1b and an annual part to	nd 2b; provide
			h partirologis dia jan pa sa ay ay ay ay ay ay ay
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Schedule D (For	m 990) 2011 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB Na. 1545-0047

Name of the organization National Child Safety Council

Employer identification number

38-6035290

Par	Fundraising Activities.	Complete if the	ne organiza	tion ansv	wered "Yes" to F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are n	ot required to	complete	this part.			
1 -	Indicate whether the organizatio Mail solicitations	n raised tunds t					
a b	Internet and email solicitation		. e [ion of non-govern		
	Phone solicitations	ıs	, L		ion of government	•	
d	In-person solicitations		g L	Special	fundraising events	3	
2a	Did the organization have a write	ton or oral agra	amant with	ant indivi	dual finalization - cc	1 1	
	or key employees listed in Form	990. Part VII) o	r entity in co	any more moedian	uudi (iiiciuuliig oii with professional i	icers, directors, trus	
b	If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or e	entities (fund	iraisers) p	ursuant to agreen	nents under which th	' ☐ Yes ☐ No e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund oustady or contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	 		
1							
2						*****	
3							
4				· • · · · · · · · · · · · · · · · · · ·			
5							, , , , , , , , , , , , , , , , , , ,
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7						· · · · · · · · · · · · · · · · · · ·	
8	^						
9							
10		**************************************					
Total				. >			
3	List all states in which the organ registration or licensing,	ization is regist	ered or lice	nsed to s	olicit contributions	s or has been notifie	d it is exempt from
		7					
	*****			********			
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	art II	Fundraising Events. Co than \$15,000 of fundraisi gross receipts greater the	ng event contributions	ion answered "Yes" to s and gross income on	Form 990, Part IV, lin Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u> </u>			(event type)	(event type)	(total number)	COI. (E))
Revenue	1	Gross receipts				
Re	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			,	
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Comb		` '	, , , , , , <b>&gt;</b>	( )
₽ē	7111	Gaming. Complete if the than \$15,000 on Form 9	organization answe		0, Part IV, line 19, or	reported more
ą		11121 \$10,000 OIT OIT 9	(a) Bingo	(b) Pull tabs/instant	(c) Other garning	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Œ	1	Gross revenue	871,361	2,779,083	5,300	3,655,744
nses	2	Cash prizes	847,841	2,177,745		3,025,586
ect Expenses	3	Noncash prizes	19,182	19,183		38,365
Direct	4	Rent/facility costs	24,900	24,900		49,800
_	5	Other direct expenses .	99,146	179,654	5,950	284,750
	6	Volunteer labor	☑ Yes 100 % ☐ No	✓ Yes 100 %  No	✓ Yes 100 %  No	
	7	Direct expense summary. Ad	id lines 2 through 5 in c	olumn (d) , ,	·	( 3,398,501 )
	8	Net gaming income summary	y. Combine line 1, colur	nn d, and line 7	<u>.</u> 🏲	257,243
	a İst		perate gaming activities	in each of these states	7	
10a		ere any of the organization's g	aming licenses revoked	, suspended or termina	ted during the tax year	? . ☐ Yes ☑ No

Schedu	le G (Form 990 or 990-EZ) 2011
11 12	Does the organization operate gaming activities with nonmembers?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gamlng/special events books and records:
	Name ▶ Janet Lowe
	Address 4065 Page Avenue, Michigan Center, Mi 49254
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ .  If "Yes," enter name and address of the third party:
	Name >
	Address ►
16	Gaming manager information:
	Name Harley Kaufman
	Gaming manager compensation ▶ \$ 30,013
	Description of services provided Responsible for all activities conducted at the Indiana facility.
	☐ Director/officer ☐ Employee ☐ Independent contractor
a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to
b	retain the state gaming license?  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  \$\Blacktrianglerightarrow\$
Part I	

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	e e			
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### SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047
20 1 1
Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

(10)

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

Employer Identification number National Child Safety Council 38-6035290 Part Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1)(2)(3)(4)(5)(6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year 2 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a, (a) Name of interested person and purpose (b) Loan to or from (c) Original (f) Approved (d) Balance due (e) in default? (g) Written the organization? by board or principal amount agreement? committee? То From Yes No Yes Νo Yes No (1)Howard R. Wilkinson, cashflow loan 17,156 17,156 (2)(3)(4)(5)(6)(7)(8)(9)(10)Total 17,156 Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of Interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1) (2)(3)(4)(5)(6)(7)(8) (9)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
		_			Yes	Ţ
(1)					1.00	110
(2) (2)						
(3) (4)						
( <del>5)</del> (5)						┼
(6)	, 1844 1448 4448 444 444 444 444 444 444					
(7)					+	
(8)						
(9) (0)					<u> </u>	
art V	Supplemental Information Complete this part to provide	additional information for res	ponses to question	s on Schedule L. (see instructio	ns).	L
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **2011** Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number National Child Safety Council 38-6035290 FORM 990, PART VI, LINE 6 - The Charity has two classes of members. Regular members are elected by a majority vote of the then regular members. Regular members have the sole authority to elect the governing body of the Charity. Associate members are appointed by the President of the Charity and have no voting rights on any matter. FORM 990, PART VI, LINE 7a - Regular members elect the governing body of the Charity. Regular members have no other authority or voting rights regarding the Charity. FORM 990, PART VI, LINE 11b - The Controller is responsible for the completion and initial review of the Form 990 including all required schedules. The completed Form 990 and required supplemental schedules are reviewed by the Charity's legal department. The finalized Form 990 and required supplemental schedules are presented to an officer of the Charity for review and signature. FORM 990, PART VI, LINE 12c - Each director, principal officer and member of a committee with board designated powers must sign an annual statement affirming they have received, read, understood and agreed to comply with the conflict of interest policy of the Charity. It is the duty of the individual to disclose the possibility of a conflict of interest when the directors and/or members of a committee with board designated powers are considering a proposed transaction or arrangement. The legal department performs periodic reviews to ensure that the Charity operates in a manner consistent with its charitable purposes and that it does not engage in activities that could jeopardize its tax-exempt status. FORM 990, PART VI, LINE 17 - National Child Safety Council may conduct continuous multi-purpose door-to-door solicitations activities in any of the following states: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming,

FORM 990, PART VI, LINE 19 - The Charity's governing documents, conflict of interest policy and financial statements are made available for

inspection to the general public at the office of the Charity,

Schedule O (Form 990 or 990-EZ)	(2011)	Page 2
Name of the organization		Employer identification number
National Child Safety Coun	ncil	38-6035290
FORM 990, PART VII, LINE	1a, COLUMN (B)	
Gaylord T. Walker	1.0 hour per week devoted to related organizations	
Debra Cook	24.0 hours per week devoted to related organizations	
Howard R. Wilkinson	30.0 hours per week devoted to related organizations	
Jacque Smith	32.0 hours per week devoted to related organizations	
FORM 990, PART XI, LINE 5		
Adjustment of \$1,00 req	uired due to rounding.	

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

National Child Safety Council

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2017 Open to Publi

Inspection Employer Identification number 38-6035290

Part	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization	answered "Yes"	to Form 990, Par	t IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	Bu
(E)						and the second s	LILLEN L.	
(2)				White desired and desired to the district of t				
(5)				To the state of th				
(4)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
(2)			The state of the s		411 had a second			
(6)								
E-E	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	nizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had sturing the tax year.)	ne organization a	nswered "Yes" to	Form 990, Part	IV, line 34 beca	use it had	
	(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))	(1) Direct controlling entity	N-E-C	d d d
(1) Nation PO Br	(1) National Drug & Safety League (38-2773800) PO Box 1192, Jackson, MI 49204-1192	drug safety ed	DC	501(c)(3)		7 81/4	89	2 \
(2) Nation PO Bo	National Fire Safety Council (38-2292422) PO Box 378, Michigan Center, MI 49254-0378	fire safety ed	DE	501(c)(3)		Natio		> >
(3)								
4								
(2)								
(9)								
(7)								
For Paperw	For Paperwork Reduction Act Notice, see the instructions for Form 990.		Cat. N	Cat. No. 50135Y		Schedule	Schedule R (Form 990) 2011	2011

(k) Percentage ownership (h) Percentage ownership 100% Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) end-of-year assets General or managing partner? 5,887.89 Ž (g) Share of Kes (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (48,862.17) (f) Share of total income (e)
Type of entity
(C corp, S corp, or trust) [g] [h]
Share of end-of- Disproportionate ş allocations? Yes c year assets (d)
(Direct controlling entity National Child (f) Share of total income (c)
Legal domicile
(storte or Ы (e)
Predominant
Income (related,
unralated,
excluded from
tax under
sections 512-514) child safety education Primary activity (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign
country) (a)
Name, address, and EIN of related organization PO Box 465, Michigan Center, MI 49254-0465 (b) Primary activity (1) Child Safety of America, Inc. (a) Name, address, and EIN related organization Part Part IV ε <u>N</u> €. Ð 9 9 2 <u>R</u> Ð \mathbf{E} £ 9 E

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	l organizations listed	in Parts II–]V?	523
Receipt of (i) Interest (ii) annulties (iii) royalties or (iv) rent			. 1a /
b Giff, grant, or capital contribution to related organization(s)			1b
c Gift, grant, or capital contribution from related organization(s)			1c /
d Loans or loan guarantees to or for related organization(s)	•		1d
e Loans or loan guarantees by related organization(s)			7
f Sale of assets to related organization(s)			
g Purchase of assets from related organization(s)			10
h Exchange of assets with related organization(s)			2.7
			> UI
J Lease of facilities, equipment, or other assets from related organization(s)			
			<u> </u>
Performance of convides or membership or fundacing concitations to related organizations.			, Л
			-
Chaining of racinities, equipment, maining lists, or other assets with related organization(s)			٠ سا
n Shahing of paid etholyees with related organization(s)			- 1n ~
			10 <
p relinibulisement paid by related organization(s) for expenses			/ dt
			TOTAL PROPERTY OF THE PROPERTY
Other transfer of cash of public to related organizations)			/ pt .
Cuter unisite of cash or property from retated organization			. 1r ,
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	e, including covered relationships and	relationships and tran	transaction thresholds.
(a) Name of other recentsoling	(9)	[0]	(p)
יאמונים ניינים אינים	iransaction type (a-r)	Amount involved	Method of determining amount involved
Child Safety of America, Inc. (1)		108.925.07	ufilization %
(6)			
(6)			
(4)			The state of the s
(9)		ANAMAS CONTRACTOR OF THE PROPERTY OF THE PROPE	
The state of the s			
(9)			
		Coho	dula D (Course Doo) 2044

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

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

(a) (b) (c) (d) (e)	3	(2)	5	9	5	iodino ioni ma	177	6	5	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant Income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	total Tatal	Share of end-of-year assets	Ulsproportionate allocations?	Code V—UB! amount in box 20 of Schedule K-1 (Form 1065)	Ul General or managing partner?	(k) Percentage ownership
			section 512-514)	Yes No	0		Yes		Vac	T-
(1)							3		S S	
(2)										
(6)										
(4)										
(5)		1,111		<u> </u>						
(6)										
(<u>()</u>										
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(12)					reservation for the contract of the contract o					
(13)										
(14)			The state of the s							
(15)										
(16)			-					-		-
								Sche	dule R (Fo	Schedule R (Form 990) 2011

Schedule R (F	Form 990) 2011	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	1 28 4
		. 14 15 16 16 16 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
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Page 1 of 1 LTR 11690 E APR. 02, 2012 38-6035290

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NATIONAL CHILD SAFETY COUNCIL

PO BOX 1368 JACKSON, MI 49204-1368689

Taxpayer Identification Number:

38-6035290

GEN Number:

5078

SGRI

Name of Organization:

NATIONAL CHILD SAFETY COUNCIL

Tax Period Ending:

JUL. 31, 2012

Form:

Dear Taxpayer:

Thank you for sending the annual supplemental information about your subordinate organizations as required by Revenue Procedure 80-27 to keep the tax exempt status for your group.

Our records will show there were no changes to your exemption roster for the tax period(s) shown above.

If you have any questions, please write to us at the address shown at the top of this letter. Or, you may call us at (801) 620-6019 If this number is outside your local calling area, there will be a long-distance charge to you.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ()	Hours	
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We apologize for any inconvenience we have caused you, and thank you for your cooperation.

Sincerely yours, Exempt Organizations Entity Department

PAGE

GYCLE 201204

SUBSIDIARY ORGANIZATION OF NATIONAL CHILD SAFETY COUNCIL, GEN NUMBER 5078

386035290

PARENT NATIONAL CHILD SAFETY COUNCIL PO BOX 1368

NATIONAL CHILD SAFETY COUNCIL 3827 N MITTHOEFFER RD MARION COUNTY INDIANAPOLIS AUXILIAR

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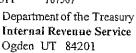
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For assistance, call: 1-877-829-5500 FAX 801-620-5670

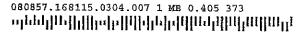
Notice Number: CP211A Date: April 1, 2013

Taxpayer Identification Number:

386035290

38-6035290 Tax Form: 990

Tax Period: July 31, 2012



NATIONAL CHILD SAFETY COUNCIL PO BOX 1368 JACKSON MI 49204-1368



APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is June 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.