

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018**2017**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

SAFE PASSAGE**01-0532835**

Name and title of officer

SUSANNA PLACE**PRESIDENT****Part I Type of Return and Return Information (Whole Dollars Only)**

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

| | | |
|--|--|----------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>2,007,388.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize WIPFLI LLP

ERO firm name

to enter my PIN 12345Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Susanna Place

Date ▶

*April 1, 2019***Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

01195054403

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PATRICK NICHOLAS, CPADate ▶ 03/06/19

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO MAY 15, 2019

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2017Open to Public
Inspection**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**SAFE PASSAGE**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

RAYMOND HALL, 49 FARM VIEW DR**302**

City or town, state or province, country, and ZIP or foreign postal code

NEW GLOUCESTER, ME 04260**F** Name and address of principal officer: **TRAE HOLLAND****SAME AS C ABOVE****D** Employer identification number**01-0532835****E** Telephone number**207-846-1188****G** Gross receipts \$**2,139,582.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SAFEPASSAGE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2000****M** State of legal domicile: **ME****Part I Summary**

| | | | | |
|-----------------------------|--|---|--|-----------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: | SEE SCHEDULE O | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 9 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 202 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 1,624,040. | Current Year 1,928,024. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 164,379. | 76,769. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,507. | 2,595. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,791,926. | 2,007,388. |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,442,215. |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 510,713. | 443,775. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ 319,596. | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 247,645. | 225,454. |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,200,573. | 2,193,049. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -408,647. | -185,661. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 3,667,536. | End of Year 3,538,107. |
| | 21 | Total liabilities (Part X, line 26) | 32,981. | 24,933. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 3,634,555. | 3,513,174. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|---|-------------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | SUSANNA PLACE, PRESIDENT Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name PATRICK NICHOLAS, CPA | Preparer's signature PATRICK NICHOLAS, CP | Date 03/06/19 | Check if self-employed <input type="checkbox"/> | PTIN P00289567 |
| | Firm's name ▶ WIPFLI LLP | Firm's EIN ▶ 39-0758449 | Phone no. 207.774.5701 | | |
| | Firm's address ▶ 30 LONG CREEK DRIVE SOUTH PORTLAND, ME 04106-2437 | | | | |

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

WE HELP CHILDREN IN THE GUATEMALA CITY GARBAGE DUMP COMMUNITY BREAK THE CYCLE OF POVERTY THROUGH EDUCATION, EMPHASIZING LIFE SKILLS AND PERSEVERANCE IN ORDER TO THRIVE IN WORK AND CONTRIBUTE TO THEIR COMMUNITY.

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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,712,619.** including grants of \$ **1,523,820.**) (Revenue \$)

SAFE PASSAGE PROVIDES INNOVATIVE EDUCATIONAL PROGRAMS FOR CHILDREN OF FAMILIES WHO MAKE THEIR LIVING FROM THE GUATEMALA CITY DUMP AND INTEGRATED SUPPORT FOR THEIR FAMILIES. IT IS A U.S. REGISTERED 501(C)(3) ORGANIZATION THAT PROVIDES FINANCIAL AND OTHER MANAGEMENT, FUNDRAISING, AND SUPPORT SERVICES FOR THE GUATEMALA-REGISTERED CAMINO SEGURO AND CREAMOS NON-PROFIT ASSOCIATIONS.

OUR VISION: WITHIN A SAFE AND CARING ENVIRONMENT, EVERY CHILD PARTICIPATES IN AN INTEGRATED PROGRAM THAT FOSTERS OPTIMISM, GOOD HEALTH, EDUCATIONAL ACHIEVEMENT, SELF-ESTEEM, AND CONFIDENCE. CHILDREN AND PARENTS DISCOVER THAT, THROUGH THEIR OWN EFFORTS, THEY CAN MOVE BEYOND POVERTY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,712,619.**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | X |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a X | |
| b 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? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d 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? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a X | |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | 17 X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|----------|----------|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | 1a | 1b | 2a | 2b | 3a | 3b | 4a | 5a | 5b | 5c | 6a | 6b | 7a | 7b | 7c | 7d | 7e | 7f | 7g | 7h | 8 | 9a | 9b | 10a | 10b | 11a | 11b | 12a | 12b | 13a | 13b | 13c | 14a | 14b |
|------------|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Gross income from members or shareholders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Enter the amount of reserves on hand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|---|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 14 | | | |
| 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 | | 14 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | X |
| 6 Did the organization have members or stockholders? | | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | X | |
| b Each committee with authority to act on behalf of the governing body? | | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | X |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **ME, MA, MI, NY, NC, CA, CO, PA, DC, WA, CT, FL**

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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **BARBARA DAVIS - (207) 846-1188**
49 FARM VIEW DR, # 302, NEW GLOUCESTER, ME 04260

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SUSANNA PLACE PRESIDENT | 40.00 40.00 | X | | X | | | | 0. | 0. | 0. |
| (2) TANIA DE ZEDAN CO-PRESIDENT | 5.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) MAUREEN PENNINGTON DE RIOJAS TREASURER | 5.00 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) REBECCA MARTIN EVARTS SECRETARY | 5.00 5.00 | X | | X | | | | 0. | 0. | 0. |
| (5) CAROLYN JOHNSON DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) ELLEN MEYER SHORB DIRECTOR | 5.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (7) ERNESTO JOSE VITERI ARRIOLA DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) GUILLERMO MONTANO DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JOHN PATERSON DIRECTOR | 5.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) JORDAN DENNING DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) DOUGLAS MCADAMS DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) SANDRA DE GONZALEZ DIRECTOR | 4.00 4.00 | X | | | | | | 0. | 0. | 0. |
| (13) XAVIER ANDRADE DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) TODD AMANI FORMER EXECUTIVE DIRECTOR | 10.00 40.00 | | | X | | | | 55,787. | 0. | 0. |
| (15) MARY JO AMANI INTERIM EXECUTIVE DIRECTOR | 10.00 40.00 | | | X | | | | 14,500. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 70,287. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 70,287. | 0. | 0. |

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | | X |
| 5 | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|--|----------------|----------------------|----------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 38,961. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,889,063. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 62,962. | | | 62,962. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | 13,807. | | | 13,807. |
| | 8 a Gross income from fundraising events (not including \$ 38,961. of contributions reported on line 1c). See Part IV, line 18 | a | 4,627. | | | | |
| | b Less: direct expenses | b | 5,877. | | | | |
| | c Net income or (loss) from fundraising events | | | -1,250. | | | -1,250. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | a | 1,938. | | | | |
| | b Less: cost of goods sold | b | 124. | | | | |
| | c Net income or (loss) from sales of inventory | | | 1,814. | | | 1,814. |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a TOUR REVENUE | | | 2,031. | 2,031. | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 2,031. | | | | |
| 12 Total revenue. See instructions. | | | 2,007,388. | 2,031. | 0. | 77,333. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,523,820. | 1,523,820. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 187,743. | 60,752. | 52,839. | 74,152. |
| 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 Other salaries and wages | 180,361. | 73,294. | 1,620. | 105,447. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 49,330. | 15,040. | 7,228. | 27,062. |
| 10 Payroll taxes | 26,341. | 9,051. | 4,130. | 13,160. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 6,391. | | 6,391. | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 56,531. | 760. | 54,854. | 917. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 3,013. | 130. | 1,429. | 1,454. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 23,706. | 2,874. | 5,859. | 14,973. |
| 17 Travel | 17,002. | 4,667. | 6,953. | 5,382. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 7,852. | 3,208. | 575. | 4,069. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,693. | | 3,693. | |
| 23 Insurance | 11,644. | 552. | 9,168. | 1,924. |
| 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.) | | | | |
| a PRINTING, POSTAGE AND O | 59,331. | 17,745. | 3,534. | 38,052. |
| b BANK FEES AND SERVICE C | 17,691. | 166. | 1,446. | 16,079. |
| c OTHER EXPENSES | 13,000. | | | 13,000. |
| d TELEPHONE AND COMMUNICA | 3,444. | 531. | 1,080. | 1,833. |
| e All other expenses | 2,156. | 29. | 35. | 2,092. |
| 25 Total functional expenses. Add lines 1 through 24e | 2,193,049. | 1,712,619. | 160,834. | 319,596. |
| 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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 532,731. | 1 | 354,015. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 363,963. | 3 | 426,364. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,877. | 9 | 10,583. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 21,009. | | |
| | b Less: accumulated depreciation | 10b 19,864. | 10c | 1,145. |
| | 11 Investments - publicly traded securities | 2,737,735. | 11 | 2,739,018. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 27,970. | 15 | 6,982. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,667,536. | 16 | 3,538,107. | |
| Liabilities | 17 Accounts payable and accrued expenses | 15,551. | 17 | 15,073. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 17,430. | 25 | 9,860. |
| | 26 Total liabilities. Add lines 17 through 25 | 32,981. | 26 | 24,933. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,910,964. | 27 | 1,846,516. |
| | 28 Temporarily restricted net assets | 681,432. | 28 | 624,499. |
| | 29 Permanently restricted net assets | 1,042,159. | 29 | 1,042,159. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 3,634,555. | 33 | 3,513,174. |
| | 34 Total liabilities and net assets/fund balances | 3,667,536. | 34 | 3,538,107. |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,007,388. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,193,049. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -185,661. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,634,555. |
| 5 | Net unrealized gains (losses) on investments | 5 | 64,280. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,513,174. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SAFE PASSAGE

Employer identification number

01-0532835

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2888504. | 1831962. | 1760097. | 1624040. | 1928024. | 10032627. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 2888504. | 1831962. | 1760097. | 1624040. | 1928024. | 10032627. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 509,391. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 9523236. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4 | 2888504. | 1831962. | 1760097. | 1624040. | 1928024. | 10032627. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 101,796. | 89,118. | 61,598. | 59,360. | 62,962. | 374,834. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 10407461. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 138,485. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|---------------------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 91.50 | % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 89.20 | % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | ► <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | ► <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | ► <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | ► <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | ► <input type="checkbox"/> |

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

OMB No. 1545-0047

2017**Open to Public
Inspection****Name of the organization**

SAFE PASSAGE

Employer identification number

01-0532835

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

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

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

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

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

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

| | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,737,735. | 2,792,495. | 3,056,248. | 3,162,524. | 3,081,089. |
| b Contributions | 180. | 49,893. | 350. | 12,459. | |
| c Net investment earnings, gains, and losses | 141,096. | 254,288. | 2,397. | 31,265. | 386,435. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 140,000. | 358,941. | 266,500. | 150,000. | 305,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 2,739,011. | 2,737,735. | 2,792,495. | 3,056,248. | 3,162,524. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 58.00 %

b Permanent endowment ☐ 38.00 %

c Temporarily restricted endowment ☐ 4.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 10,530. | 10,530. | 0. |
| d Equipment | | 10,479. | 9,334. | 1,145. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,145. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) DUE TO SUPPORT GROUPS | 9,860. | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 9,860. | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,119,548. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 64,280. |
| b | Donated services and use of facilities | 2b | 41,879. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 6,001. |
| e | Add lines 2a through 2d | 2e | 112,160. |
| 3 | Subtract line 2e from line 1 | 3 | 2,007,388. |
| 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 XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 2,007,388. |

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,240,929. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 41,879. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 6,001. |
| e | Add lines 2a through 2d | 2e | 47,880. |
| 3 | Subtract line 2e from line 1 | 3 | 2,193,049. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 2,193,049. |

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 5,877.

COST OF GOODS SOLD 124.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 6,001.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 5,877.

COST OF GOODS SOLD 124.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 6,001.

| | |
|------------------|--|
| Part XIII | Supplemental Information <i>(continued)</i> |
|------------------|--|

[illegible]

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

Employer identification number

SAFE PASSAGE

01-0532835

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA | 1 | | GRANTS TO SUPPORT CAMINO SEGURO IN GUATEMALA. | SEE SAFE PASSAGE MISSION STATEMENT | 1,523,820. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 1 | 0 | | | 1,523,820. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 1 | 0 | | | 1,523,820. |

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

Schedule F (Form 990) 2017

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | ANTIGUA, GUATEMALA | | 1523820. | ELECTRONIC FUNDS TRANSFER | 0. | | |
| | | | | | | | | |
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

| | |
|---------------|---------------------------------|
| Part V | Supplemental Information |
|---------------|---------------------------------|

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

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SAFE PASSAGE

Employer identification number

01-0532835

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations

- b ☒ Internet and email solicitations

- c \overline{X} Phone solicitations

- d ☒ In-person solicitations

- e ☒ Solicitation of non-government grants

- f** ☐ Solicitation of government grants

- q \overline{X} Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 | | | |
| DEMONT ASSOC. - 477 CONGRESS ST, PORTLAND, ME 04101 | CONSULTING | | X | 0. | 24,000. | 0. |
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| Total | | | | | 24,000. | |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, CO, CT, DC, FL, ME, MD, MA, MI, NV, NJ, NY, NC, OR, PA, VA, WA

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|--------------|--------------|------------------|---------------------------------|
| | | 5K RUN (MA) | MAINE 5K | 3 | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 21,196. | 22,392. | | 43,588. |
| | 2 Less: Contributions | 19,591. | 19,370. | | 38,961. |
| | 3 Gross income (line 1 minus line 2) | 1,605. | 3,022. | | 4,627. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 1,230. | 4,647. | | 5,877. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 5,877. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -1,250. |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

| | |
|----------------|--|
| Part IV | Supplemental Information <i>(continued)</i> |
|----------------|--|

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings on the page.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

SAFE PASSAGE

Employer identification number

01-0532835

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 10 | 85,564. | MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other ... | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (..... | | | | |
| 26 Other ▶ (..... | | | | |
| 27 Other ▶ (..... | | | | |
| 28 Other ▶ (..... | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----------|
| 30a | | X |
| 31 | | X |
| 32a | | X |

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

Schedule M (Form 990) 2017

Supplemental Information.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SAFE PASSAGE

Employer identification number

01-0532835

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE HELP CHILDREN IN THE GUATEMALA CITY GARBAGE DUMP COMMUNITY BREAK THE
CYCLE OF POVERTY THROUGH EDUCATION, EMPHASIZING LIFE SKILLS AND
PERSEVERANCE IN ORDER TO THRIVE IN WORK AND CONTRIBUTE TO THEIR
COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SINCE 1999, WHEN HANLEY DENNING FIRST BEGAN CONVINCING PARENTS WORKING
IN THE DUMP TO ENROLL THEIR CHILDREN IN LOCAL SCHOOLS AND OFFERED
SUPPORT FOR THE HALF-DAY THAT STUDENTS WERE NOT IN SCHOOL, SAFE PASSAGE
HAS EVOLVED INTO A COMPREHENSIVE EDUCATIONAL ORGANIZATION SERVING 500
YOUNG PEOPLE FROM AGE 2 THROUGH AGE 21. THE YOUNGEST LEARNERS ATTEND A
MONTESSORI-BASED PRESCHOOL FOCUSED ON "LEARNING THROUGH PLAY" AND THEN
MOVE INTO A FULL-DAY, ACCREDITED PRIMARY SCHOOL THAT HAS GROWN BY ONE
GRADE PER YEAR TO 7TH GRADE IN 2019.

STARTING IN 2015, THE GUIDING METHODOLOGY FOR THE PRIMARY SCHOOL HAS
BEEN EXPEDITIONARY LEARNING, A HANDS-ON, EXPERIENTIAL APPROACH TO
LEARNING WITH A DISTINGUISHED TRACK RECORD IN POOR U.S. COMMUNITIES.
EXPEDITIONARY LEARNING MOVES STUDENTS BEYOND THE CLASSROOM TO WORK
TOGETHER IN UNDERTAKING PROJECTS IN "EXPEDITIONS" THAT INVOLVE
INVESTIGATING ISSUES IN THEIR COMMUNITY IN WAYS THAT WEAVE TOGETHER
SCIENCE, SOCIAL STUDIES, READING, MATH, TECHNOLOGY AND THE ARTS.

EXPEDITIONS CAN BE FROM A WEEK OR TWO ALL THE WAY UP TO A FULL SEMESTER

Name of the organization

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Employer identification number

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OF REAL-WORLD, IN-DEPTH STUDY THAT PROMOTES CRITICAL THINKING,
LITERACY, AND CHARACTER DEVELOPMENT. STUDENTS PRESENT THEIR WORK TO
OTHERS AS PART OF A RIGOROUS ASSESSMENT PROCESS AND LEAD REGULAR
CONFERENCES WITH THEIR PARENTS.

OUR MODEL CONSISTS OF ACTIVE AND ENGAGING SMALL GROUP INSTRUCTION FOR
ALL STUDENTS. IN ADDITION TO PROMOTING ACTIVE, HANDS-ON ENGAGEMENT
AROUND GUIDING QUESTIONS, EXPEDITIONARY LEARNING PROMOTES A SCHOOL
CULTURE ROOTED IN KINDNESS, RESPECT, RESPONSIBILITY, A SENSE OF
ADVENTURE, AN ETHIC OF SERVICE, AND DESIRE FOR EXCELLENCE. "CREW"
ADVISORY MEETINGS SUPPORT AND HOLD EACH OTHER ACCOUNTABLE. CREWS STAY
TOGETHER WITH THE SAME ADULT FOR 3-4 YEARS, PROVIDING MUCH-NEEDED
STABILITY AND SUPPORT FOR WHAT OFTEN BECOMES A "SECOND FAMILY".

OLDER STUDENTS, STARTING IN BSICO (JUNIOR HIGH) THROUGH DIVERSIFICADO
(HIGH SCHOOL) CONTINUE TO ATTEND LOCAL SCHOOLS THAT OPERATE HALF-DAY
PROGRAMS AND PARTICIPATE IN AN "EDUCATIONAL REINFORCEMENT" PROGRAM.
THAT PROVIDES HELP WITH HOMEWORK, REMEDIAL INSTRUCTION IN MATH AND
LANGUAGE ARTS, AND OPPORTUNITIES TO STUDY ENGLISH LANGUAGE, CREATIVE
ARTS, AND PARTICIPATE IN SPORTS.

A FOCUS ON INDIVIDUALIZED LEARNING VIA TECHNOLOGY FOR THESE STUDENTS
INVOLVES 1) INCREASED COMPUTER ACCESS FOR STUDENTS TO COMPLETE RESEARCH
AND HOMEWORK ASSIGNMENTS AND FOR REMEDIAL INSTRUCTION THROUGH VIDEOS
AND EXERCISES FOR MATH, SCIENCE, AND OTHER TOPICS ON A LOCAL SERVER, 2)
INDIVIDUALIZED ON-LINE INSTRUCTION PROGRAMS THAT DETERMINE WHAT A
STUDENT KNOWS AND DOESN'T KNOW AND FOCUSES THE STUDENT ON TOPICS HE OR
SHE IS MOST READY TO LEARN, AND 3) INTENSIVE ONE-ON-ONE AND SMALL GROUP

Name of the organization

SAFE PASSAGE

Employer identification number

01-0532835

ENGLISH LANGUAGE TRAINING LED BY NATIVE ENGLISH-SPEAKING VOLUNTEERS, PLUS ON-LINE LANGUAGE PROGRAMS. THIS INDIVIDUALIZED INSTRUCTION WILL SIGNIFICANTLY IMPROVE RESEARCH, STUDY, AND TECHNOLOGY SKILLS NEEDED IN THE WORKPLACE. IT IS BEING EMBRACED BY OUR STUDENTS WHO FIND IT MORE EFFECTIVE AND FUN, HELPING TO REDUCE THE NUMBER WHO REPEAT A GRADE OR DROP OUT OF SCHOOL.

AS PART OF AN INTEGRATED, HOLISTIC APPROACH TO EDUCATION AND POVERTY REDUCTION, SAFE PASSAGE ALSO RECOGNIZES THAT FACTORS BEYOND THE CLASSROOM HAVE A MAJOR IMPACT ON STUDENT SUCCESS. A TEAM OF PSYCHOLOGISTS AND SOCIAL WORKERS HELPS STUDENTS WITH LEARNING DIFFICULTIES, PSYCHOLOGICAL ISSUES, OR FAMILY PROBLEMS. A HEALTH CLINIC AND HEALTH EDUCATION PROGRAM SERVICES TO STUDENTS AND FAMILIES. THE FAMILY NURTURING PROGRAM TRAINS PARENTS TO DISCIPLINE WITHOUT VIOLENCE AND BUILD POSITIVE FAMILY RELATIONSHIPS. CREAMOS, A WOMEN'S ENTREPRENEURIAL PROGRAM, PROVIDES OPPORTUNITIES FOR MOTHERS TO EARN INCOME AND HOSTS A DOMESTIC VIOLENCE SUPPORT GROUP. OUR ADULT EDUCATION PROGRAM ALLOWS PARENTS OR RETURNING STUDENTS TO COMPLETE PRIMARY OR SECONDARY SCHOOL. THE PRXIMO PASO (NEXT STEP) PROGRAM HELPS PREPARE STUDENTS FOR THE WORKPLACE OR UNIVERSITY STUDY.

PROGRAM PARTICIPATION CURRENTLY THE EDUCATIONAL PROGRAM SUPPORTS MORE THAN 500 STUDENTS FROM PRESCHOOL THROUGH HIGH SCHOOL AND 65 ADULTS PURSUING ADULT LITERACY. ANOTHER 35 MOTHERS ARE INVOLVED IN ENTREPRENEURIAL OPPORTUNITIES THROUGH CREAMOS AND 65 MOTHERS ATTEND CREAMOS DOMESTIC VIOLENCE AND FINANCIAL LITERACY SUPPORT GROUPS. SAFE PASSAGE ALSO PROVIDES FOOD AND OTHER SERVICES TO OTHER FAMILY MEMBERS OF THE 300+ FAMILIES WITH CHILDREN IN OUR PROGRAM.

Name of the organization

SAFE PASSAGE

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01-0532835

LOCATION: PROGRAM FACILITIES ARE LOCATED ON FIVE SITES IN THE DUMP COMMUNITY BETWEEN ZONES 3 AND 7 IN GUATEMALA CITY. THESE SITES INCLUDE THE EARLY CHILDHOOD EDUCATION CENTER WITH KITCHEN AND ATHLETIC FACILITIES (FOR PRESCHOOL STUDENTS AGES 2 TO 6). THE PRIMARY SCHOOL (FULL-DAY GRADES 1 TO 6, PLUS A LIBRARY, KITCHEN, AND LUNCHROOM). A CONVERTED HOUSE AND WAREHOUSE THAT HOUSES AN ON-SITE INFIRMARY, AND ADMINISTRATIVE OFFICES. A LARGE NEW CENTER, BUILT IN 2015 WITH HELP FROM EMPLOYEES OF A LOCAL CALL CENTER ON A DONATED PARCEL OF LAND ADJACENT TO THE ENTRANCE OF THE DUMP, FOR OUR HALF-DAY REINFORCEMENT PROGRAM FOR OLDER STUDENTS AND PROGRAMS IN CREATIVE ARTS, SPORTS, ENGLISH LANGUAGE, WEEKEND AND EXTRACURRICULAR PROGRAMS, AND PARENT PROGRAMS). SAFE PASSAGE ALSO MAINTAINS A SMALL SUPPORT AND FUNDRAISING OFFICE IN NEW GLOUCESTER, MAINE.

STAFF: THE GUATEMALA PROGRAM EMPLOYS ABOUT 90 STAFF MEMBERS, MOST OF WHOM ARE GUATEMALAN NATIONALS, TO CARRY OUT PROGRAM OPERATIONS. IN ADDITION, NUMEROUS INTERNATIONAL AND GUATEMALAN VOLUNTEERS (AVERAGING 20-25 25 AT ANY ONE TIME) LEND SUPPORT FOR TERMS RANGING FROM 5 WEEKS TO 3 YEARS. SAFE PASSAGE'S U.S. OFFICE EMPLOYS 6 STAFF MEMBERS, AND ENGAGES MANY LOCAL VOLUNTEERS.

2017-2018 PROGRAM ACCOMPLISHMENTS:

SAFE PASSAGE CONTINUED ITS PROGRAM EXPANSION AS A FULL-DAY SCHOOL PER A STRATEGIC PLAN ADOPTED IN 2014 BY THE BOARD OF DIRECTORS.

EXPANSION OF THE FULL-DAY PRIMARY SCHOOL THROUGH 7TH GRADE USING

EXPEDITIONARY LEARNING: IN 2018, SAFE PASSAGE WILL COMPLETE THE PROCESS OF AN EXPANSION TO A FULL-DAY SCHOOL WITH TWO SECTIONS IN EACH

Name of the organization

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GRADE USING EXPEDITIONARY LEARNING AS THE GUIDING METHODOLOGY AS ACCREDITED BY THE GUATEMALAN MINISTRY OF EDUCATION. THIS INTERDISCIPLINARY CURRICULUM PROMOTES HANDS-ON EXPERIENCES AND CRITICAL THINKING, FOCUSING ON REAL-WORLD ISSUES TO PROVIDE AN EDUCATIONAL EXPERIENCE THAT PREPARES STUDENTS FOR JOBS IN THE FORMAL SECTOR.

HEIGHTENED FOCUS ON READING

TESTING AND EVALUATION BY OUR EDUCATION TEAM HAS SPURRED A FOCUSED EFFORT AND PLAN TO SUPPORT ADDITIONAL INSTRUCTION AND RESOURCES FOCUSED ON IMPROVING LITERACY. ADDITIONAL CLASSROOM TIME IS DEVOTED TO LITERACY AND READING, WITH INCREASED ACCESS TO BOOKS THROUGH THE EXPANSION OF RESOURCES IN THE MAIN LIBRARY, MOBILE LIBRARIES, AND EXPANDED CLASSROOM LIBRARIES. TEST RESULTS NOW SHOW A DOCUMENTED IMPROVEMENT IN READING SKILLS AND INTEREST.

INCREASED ACCESS TO TECHNOLOGY

SAFE PASSAGE HAS PRIORITIZED IMPROVING ACCESS TO COMPUTERS, TECHNOLOGICAL CURRICULUM AND INTERNATIONAL WEB BASED EDUCATIONAL PROGRAMS. THERE ARE 40 TABLETS FOR THE LOWER SCHOOL STUDENTS AND 40 LAPTOPS ARE AVAILABLE IN THE REINFORCEMENT PROGRAM. THESE ALLOW FOR AN INDIVIDUALIZED LEARNING PROGRAM ALLOWING EACH STUDENT TO FOCUS ON THEIR AREAS OF SPECIFIC NEED.

ENGLISH-LANGUAGE INSTRUCTION AT ALL LEVELS

RECOGNIZING THE ADVANTAGES THAT ENGLISH-LANGUAGE SPEAKERS HAVE IN THE JOB MARKET IN GUATEMALA, AND TAKING ADVANTAGE OF A STRONG CADRE OF INTERNATIONAL VOLUNTEERS AND CORPORATE PARTNERSHIPS, SAFE PASSAGE IS NOW PROVIDING ENGLISH LANGUAGE INSTRUCTION FROM AGE 2 THROUGH HIGH

| | |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| SAFE PASSAGE | 01-0532835 |

SCHOOL, USING INTERACTIVE METHODS CONSISTENT WITH SAFE PASSAGE'S
EDUCATIONAL PEDAGOGY.

PRXIMO PASO (NEXT STEP) TOWARD EMPLOYMENT

AS THE EDUCATIONAL PROGRAM AT SAFE PASSAGE HELPS INCREASING NUMBERS OF
STUDENTS TO SUCCESSFULLY COMPLETE HIGH SCHOOL, PRXIMO PASO (NEXT STEP)
HELPS PREPARE THEM FOR JOBS IN THE FORMAL SECTOR AND ACCEPTANCE INTO
UNIVERSITIES. THE PROGRAM PROVIDES HELP IN FINDING EMPLOYMENT, AN
INTERNSHIP PROGRAM TO DEVELOP WORK EXPERIENCE, AND GUIDANCE SUPPORT FOR
FUTURE STUDY.

SAFE PASSAGE IS AN INTERNATIONAL ORGANIZATION, AND THE IRS 990 ONLY
REFLECTS FINANCING FOR U.S.-BASED ACTIVITY. TO GET A TRUE
UNDERSTANDING OF OUR COMPLETE FINANCIAL PICTURE, PLEASE REFER TO OUR
COMBINED FINANCIAL REPORT, AVAILABLE ON OUR WEBSITE
(WWW.SAFEPASSAGE.ORG/WHO-WE-ARE/FINANCIALS) AND UPON REQUEST.

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

LINE 11A EXPLANATION - THE 990 TAX RETURN IS REVIEWED BY MANAGEMENT AND THE
TREASURER OF THE ORGANIZATION.

THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR COMMENT AND REVIEW.

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

THERE IS AN ANNUAL FORM TO FILL OUT FOR EMPLOYEES.

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

THE PROCESS FOR ARRIVING AT A COMPENSATION LEVEL FOR THE EXECUTIVE DIRECTOR
INVOLVED A SURVEY OF THE SALARIES OF EXECUTIVE DIRECTORS AT SIMILAR

Name of the organization

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PROJECTS IN GUATEMALA THAT WAS DONE BY ANOTHER ORGANIZATION IN GUATEMALA.

HIS PERFORMANCE AND COMPENSATION ARE REVIEWED ANNUALLY BY THE BOARD OF

DIRECTORS. THE SALARY AND ANNUAL INCREASES WERE SET IN THE LETTER OF

APPOINTMENT.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS

ARE AVAILABLE ON THE INTERNET AS WELL AS UPON REQUEST.

RECONCILIATION TO FINANCIAL STATEMENTS

THE CONSOLIDATED FINANCIAL STATEMENTS OF SAFE PASSAGE AND CAMINO SEGURO

HAVE BEEN AUDITED FOR THE FISCAL YEAR ENDED JUNE 30, 2018. THIS RETURN

ONLY INCLUDED THE BALANCE SHEET AND INCOME STATEMENT OF SAFE PASSAGE

(U.S. NONPROFIT CORPORATION). CAMINO SEGURO IS A GUATEMALA NONPROFIT

CORPORATION WHICH IS NOT INCLUDED IN THIS RETURN.

SAFE PASSAGE IS AN INTERNATIONAL ORGANIZATION, AND THE IRS 990 ONLY

REFLECTS U.S. BASED ACTIVITY. TO GET A TRUE UNDERSTANDING OF OUR

COMPLETE FINANCIAL PICTURE, PLEASE REFER TO OUR COMBINED FINANCIAL

REPORT, AVAILABLE ON OUR WEBSITE

(WWW.SAFEPASSAGE.ORG/WHO-WE-ARE/FINANCIALS) AND UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

SAFE PASSAGE

Employer identification number

01-0532835

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| CAMINO SEGURO | TO HELP AT RISK GUATEMALAN CHILDREN | GUATEMALA | | | | | X |
| CALLE DEL HERMANO PEDRO #4 | | | | | | | |
| ANTIGUA, GUATEMALA | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|----------------------------------|---|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|---|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s Other transfer of cash or property from related organization(s) | 1s | X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) CAMINO SEGURO | B | 1,523,820. | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

[illegible]

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