| Form 990 | |
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Extended to November 15, 2022 **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.



| A For the 2021 calendar year, or tax year beginning and ending B Created organization Charme of organization D Employer identification number Safe Passage 01-0532835 Number and steet (or P.0. box if mail is not delivered to street address) Boom/suit E Telephone number A for the 2021 calendar year, or tax year beginning 01-0532835 01-0532835 Number and steet (or P.0. box if mail is not delivered to street address) Boom/suit E Telephone number 2 OPAC 2 OPAC 2 Green encepts 7315238. Mew GLOUCESEER, ME 04260 G Green encepts To subordinates? Yes No Met GLOUCESEER, ME 04260 FName and address of principal officer. Garous encepts No No Yes MS Safe Passage or crg He() Yes adautorinates number? Yes No 1 Tax-exempt status: Sot(cl) Safe Passage or green crg He() Yes, adautorinates number? Yes No 1 Tax-exempt status: Sot(cl) Safe Passage or green crg He() Yes, adautorinates number? Yes No 2 Check this box ber If the organization 's mission or most significant activities: SAFE PASSAGE WORKS TO TRANSFORM IIVES BY PROVIDING STUDENTY IN THE GUATYEMALA | Depa | artment | of the Treasury enue Service | | Open to Public Inspection | | | | | | | |
|---|----------|-----------------|---------------------------------|--|------------------------------|---------------------------|--|--|--|--|--|--|
| Adverse | | | | ► Go to www.irs.gov/Form990 for instructions and the latest information. ar year, or tax year beginning and ending | | • | | | | | | |
| Address Number Participant Safe Passage Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite Room/suite E Telephone number 207-846-1188 Answerd Participant Partin Participant Participant Participant Participant Parin | в | Check if | C Name o | C Name of organization D Employer identification | | | | | | | | |
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| Appendance same F Name and address of principal officer: Carolyn Johnson for subordinates? Yes No Same as C above No H(b) Are all subordinates No H(b) Are all subordinates No J Website> Www.safepassage.org H(c) Group exemption number ▶ No K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 2000 M State of legal domicile: ME Part II Summary I Briefly describe the organization's mission or most significant activities: SAFE PASSAGE WORKS TO TRANSFORM 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2021 (Part V, line 2a) is 3 is is 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 <td></td> <td>Amer</td> <td>nded Nor</td> <td>~1</td> <td></td> <td></td> | | Amer | nded Nor | ~1 | | | | | | | | |
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| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1202186. 3813966. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 770530. 1483793. 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) 283612. 570524. 16a Professional fundraising fees (Part IX, column (D), line 25) 500452. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 500452. 19 Revenue less expenses. Subtract line 18 from line 12 80905. 1496200. 20 Total assets (Part X, line 16) 3706049. 4982919. 21 Total liabilities (Part X, line 26) 23240. 40725. 22 Net assets or fund balances. Subtract line 21 from line 20 3682809. 4942194. | Be | 10 | | | | | | | | | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 770530. 1483793. 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) 283612. 570524. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 500452. 67139. 263449. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1121281. 2317766. 19 Revenue less expenses. Subtract line 18 from line 12 80905. 1496200. 20 Total assets (Part X, line 16) 3706049. 4982919. 21 Total liabilities (Part X, line 26) 23240. 40725. 22 Net assets or fund balances. Subtract line 21 from line 20 3682809. 4942194. | | | | 10001 | | | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 283612.570524. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.000 b Total fundraising expenses (Part IX, column (D), line 25) 500452. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 67139.263449. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 1121281.2317766. 19 Revenue less expenses. Subtract line 18 from line 12 80905.1496200. 20 Total assets (Part X, line 16) 3706049.4982919. 21 Total liabilities (Part X, line 26) 23240.40725. 22 Net assets or fund balances. Subtract line 21 from line 20 3682809.4942194. | | | | J | | | | | | | | |
| In Section 2 (a) and (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | | | | | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)b Total fundraising expenses (Part IX, column (D), line 25)500452.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)67139.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)1121281.19 Revenue less expenses. Subtract line 18 from line 12Beginning of Current Year20 Total assets (Part X, line 16)3706049.21 Total liabilities (Part X, line 26)23240.22 Net assets or fund balances. Subtract line 21 from line 203682809. | | 45 | | | | - | | | | | | |
| 17 Other expenses (rart X, column (A), lines Tra Trd, Tri 246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 | sec | 16a | | | | | | | | | | |
| 17 Other expenses (rart X, column (A), lines Tra Trd, Tri 246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 | Der | b | | | | | | | | | | |
| 19Revenue less expenses. Subtract line 18 from line 1280905.1496200.5Beginning of Current YearEnd of Year20Total assets (Part X, line 16)3706049.4982919.21Total liabilities (Part X, line 26)23240.40725.22Net assets or fund balances. Subtract line 21 from line 203682809.4942194. | Щ | 17 | Other expense | | | 263449. | | | | | | |
| Beginning of Current YearEnd of Year20Total assets (Part X, line 16)3706049.4982919.21Total liabilities (Part X, line 26)23240.40725.22Net assets or fund balances. Subtract line 21 from line 203682809.4942194. | | 18 | Total expense | | | | | | | | | |
| Beginning of Current YearEnd of Year20Total assets (Part X, line 16)3706049.21Total liabilities (Part X, line 26)23240.22Net assets or fund back3682809.4942194. | | 19 | Revenue less | expenses. Subtract line 18 from line 12 |)5. | 1496200. | | | | | | |
| See 20 Total assets (Part X, line 16) 3706049. 4982919. 21 Total liabilities (Part X, line 26) 23240. 40725. 22 Net assets or fund balances. Subtract line 21 from line 20 3682809. 4942194. | OC | 9 | | Beginning of Current | Year | | | | | | | |
| 21 Total liabilities (Part X, line 26) 23240. 40725. 22 Net assets or fund balances. Subtract line 21 from line 20 3682809. 4942194. | sets | 1 20 | Total assets (F | | | | | | | | | |
| 芝引 22 Net assets or fund balances. Subtract line 21 from line 20 | t As | 21 | | | | | | | | | | |
| | | 22 2rt // | | |)9. | 4942194. | | | | | | |

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 | Signature of officer | | | Dat | te | | | | | |
|--|--|----------------------|-------------|------|--------------|----------|---|--|--|--|
| Here | <u>Carolyn Johnson, Presid</u> | lent | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Peter Matar | Date | Check | PTIN | | | | |
| Paid | Print/Type preparer's name Peter Montano | | Peta Montar | | | P0120094 | | | | |
| Preparer | Firm's name 🍺 PGM LLC | | | Firi | m's EIN ▶ 82 | -4812448 | } | | | |
| Use Only | Firm's address 💊 319 Main Street | | | | | | | | | |
| Biddeford, ME 04005 Phone no. (207) 415-57 | | | | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions IX Yes No | | | | | | | | | |
| 132001 12-09 | 13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021) | | | | | | | | | |

See Schedule O for Organization Mission Statement Continuation

| Pa | n 990 (2021) Safe Passage rt III Statement of Program Service Accomplishments | 01-0532835 | |
|----------------|--|--------------------------|-----|
| 1 4 | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | [23 |
| • | See Schedule O | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | XNo |
| | 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 | XNo |
| | 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 n | neasured by expenses | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | s, the total expenses, a | nd |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$1624812. including grants of \$1483793.) (Revenue | le\$ | |
| | | | |
| | see schedule O | | |
| | | | |
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| | | | |
| | | | |
| 41. | (Code:) (Expenses \$ including grants of \$) (Revenue | | |
| 4D | | ie\$ | |
| 4b | statement one continued. See schedule 0 | le \$ | |
| 40 | statement one continued. See schedule 0 | e\$ | |
| 40 | statement one continued. See schedule 0 | e \$ | |
| 40 | statement one continued. See schedule 0 | e \$ | |
| 40 | statement one continued. See schedule 0 | e \$ | |
| 4D | statement one continued. See schedule 0 | e \$ | |
| 4D | statement one continued. See schedule 0 | e \$ | |
| 4D | statement one continued. See schedule 0 | e \$ | |
| 4D | statement one continued. See schedule 0 | e \$ | |
| 4D | statement one continued. See schedule 0 | e \$ | |
| 40 | statement one continued. See schedule 0 | e \$ | |
| 40 | statement one continued. See schedule 0 | e \$ | |
| | (Code:) (Expenses \$ including grants of \$) (Revenue) | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| | <pre>statement one continued. See schedule 0</pre> | | |
| 40 | <pre>statement one continued. See schedule 0</pre> | | |
| 4c | statement one continued. See schedule 0 | | |
| | statement one continued. See schedule 0 | | |
| 4c | statement one continued. See schedule 0 | | |
| 4c | statement one continued. See schedule 0 | e \$ | |
| 4c 4d 4e | statement one continued. See schedule 0 | e \$ | |
| 4c 4d 4e | statement one continued. See schedule 0 | e \$ | |

| 01-0532835 F | Page 3 |
|--------------|--------|
|--------------|--------|

| | 990 (2021) Safe Passage 01-0532 | 835 | Pa | age 3 |
|--------|---|------|--------------|--------------|
| Pa | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 77 |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| - | Schedule D, Part III | 8 | | <u> </u> |
| 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? | | | х |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | x | |
| 44 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | <u>_</u> | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| a | | 11a | x | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ū | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| 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? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | 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? If "Yes," complete Schedule F, Parts II and IV | 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? If "Yes," complete Schedule F, Parts III and IV | 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? If "Yes," complete Schedule G, Part I. See instructions | 17 | | <u>X</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | _ |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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? If "Yes." complete Schedule I. Parts I and II | 21 | | Х |
| 132003 | 12-09-21 | Form | 990 (| 2021) |

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| Form | 990 | (2021) | |
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 Form 990 (2021)
 Safe
 Passage

 Part IV
 Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|--|------------|-----|----------|
| 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? If "Yes," complete Schedule I, Parts I and III | 22 | | X 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? If "Yes," complete | | | x |
| 24.0 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | |
| 2 4a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 2.10 | | |
| - | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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? If "Yes," complete Schedule L, Part I | 25a | | 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? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| - | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 28a | | x |
| Ь | "Yes," complete Schedule L, Part IV | 20a 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | - 23 |
| C | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | 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? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | - v |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | X |
| 37 | | 37 | | x |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 51 | | <u> </u> |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | | | · |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 132004 | ↓ 12-09-21 | Form | 990 | (2021) |

| Form | 990 (2021) Safe Passage 01-0532 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 835 | P | _{age} 5 |
|--------|--|-----------|-----|------------------|
| | | | Yes | No |
| 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 2a 9 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | <u> </u> |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | v |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 10 | | x |
| Ь | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | |
| 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? | 5a | | х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | 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? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | 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? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | L |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> |
| 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? | 8 | | <u> </u> |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | ├─── |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | | |
| 122 | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | 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 | | | |
| с | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |
| 132005 | 12-09-21 6 | Form | 990 | (2021) |

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| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | |
|------------------------------|--|------------|--------|--------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year 1a 1 3 | 2 | | |
| | 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 on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 13 | | | |
| | | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | v |
| ~ | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| - | more members of the governing body? | 7a | | 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? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 37 | |
| a | • • • • | <u>8a</u> | X X | |
| - | Each committee with authority to act on behalf of the governing body? | 8b | ~ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| 200 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | |
| | Did the organization have local chapters, branches, or affiliates? | <u>10a</u> | | 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? | 10b | 37 | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | 37 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | 37 | |
| | on Schedule O how this was done | 12c | X X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 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? | | 37 | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | 37 |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | <u>16a</u> | | X |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| b | | | | |
| b | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| | exempt status with respect to such arrangements? | | | |
| Sec | exempt status with respect to such arrangements? Stion C. Disclosure 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 | | |
| Sec 17 | exempt status with respect to such arrangements? extion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | ,WA | | |
| Sec 17 | exempt status with respect to such arrangements? tion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. | ,WA | | |
| Sec 17 | exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>ME, MA, MI, NY, NC, CA, CO, PA, DC</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) | s only) | availa | |
| | exempt status with respect to such arrangements? stion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | s only) | availa | |
| Sec 17 18 | exempt status with respect to such arrangements? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>ME</u> , <u>MA</u> , <u>MI</u> , <u>NY</u> , <u>NC</u> , <u>CA</u> , <u>CO</u> , <u>PA</u> , <u>DC</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. | s only) | availa | |
| Sec 17 18 | exempt status with respect to such arrangements? Stion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ | s only) | availa | |
| Sec 17 18 19 | exempt status with respect to such arrangements? Extion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Barbara Davis - 207-846-1188 | s only) | availa | |
| Sec 17 18 19 | exempt status with respect to such arrangements? Stion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ | d financ | availa | ble |

| | Passage | | age 7 | | | | |
|--|--|-----------|--------------|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | |
| Employees, and Inde | pendent Contractors | | | | | | |
| Check if Schedule O contair | ns a response or note to any line in this Part VII | | | | | | |
| Section A. Officers, Directors, Truste | ees, Key Employees, and Highest Compensated | Employees | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | |

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|---------------------------|----------------------|-------------------------------|---|---------|--------------|---------------------------------|-----------|---------------------------------|------------------------------|--------------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | ox, unless p officer and a | | rson i | s botł | n an | compensation | compensation | amount of |
| | week | | | | recio | i/irus | lee) | from | from related | other |
| | (list any | irecto | | | | | | the | organizations | compensation from the |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | organization |
| | organizations | ruste | l trus | | /ee | npen | | 1099-NEC) | 1099-NEO) | and related |
| | below | ndividual trustee or director | n stit utio nal tru stee | _ | Key employee | st col | 5 | 1000 1120/ | | organizations |
| | line) | Indivi | Institu | Officer | Key el | Highest compensated employee | Former | | | 5 |
| (1) Thomas Holland III | 40.00 | | | | | | | | | |
| Executive Director | | | | Х | | | | 112837. | Ο. | 0. |
| (2) Carolyn Johnson | 20.00 | | | | | | | | | |
| President | | Х | | Х | | | | 0. | 0. | 0. |
| (3) Jessica Britt | 5.00 | | | | | | | | | |
| Vice-President | | Х | | Х | | | | 0. | 0. | 0. |
| (4) Rebecca Martin Evarts | 5.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (5) Douglas McAdams | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (6) Kolia OConnor | 2.00 | | | | | | | | | |
| Secretary | | Х | | Х | | | | 0. | 0. | 0. |
| (7) Chritian von Oppen | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (8) Ines saravia de Stahl | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (9) Alyson Welch | 10.00 | | | | | | | | | - |
| Treasurer | | х | | Х | | | | 0. | 0. | 0. |
| (10) Kevin Gonzalez | 2.00 | | | | | | | | | - |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (11) Esther Brol | 2.00 | | | | | | | | | - |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (12) Jeff Katz | 2.00 | | | | | | | | • | • |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (13) Juan Francisco | 2.00 | | | | | | | | 0 | 0 |
| Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (14) Roldan | 2.00 | | | | | | | | 0 | 0 |
| Director | | Х | | | | | | 0. | 0. | 0. |
| | | 1 | | | | | | | | |
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|-----|---|-------------------|--------------------------------|---------------------------|-------------|--------------|---------------------------------|--------|--------------------------------|-------------------------------|--------|-----------|----------------|--------------|
| Par | t VII Section A. Officers, Directors, Trus | | ploy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) | (B) | | | (| | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | Pos heck | | 1 than c | one | Reportable | Reportable | | | timate | |
| | | hours per week | | | | | s both r/trus | | compensation | compensatio | | | ount | of |
| | | (list any | | | | | | , | - from the | from related organizations | | | other pensa | tion |
| | | hours for | direct | | | | Ð | | organization | (W-2/1099-MIS | | | om th | |
| | | related | ee or | Istee | | | insate | | (W-2/1099-MISC/ | 1099-NEC) | | | anizat | |
| | | organizations | l trust | nal tru | | oyee | ompe | | 1099-NEC) | | | | d relat | |
| | | below | Individual trustee or director | In stit utio nal tru stee | Officer | ƙey employee | Highest compensated employee | Former | | | | orga | inizati | ons |
| | | line) | Indi | Inst | Offi | Key | e Hig | For | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Subtotal | 1 | | | | | | | 112837. | | 0. | | | 0. |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 112837. | | 0. | | | 0. |
| 2 | Total number of individuals (including but n | | | | | | | o re | | 000 of reportable | | | | - |
| | compensation from the organization | | | | | | , | | , | | | | | 1 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, truste | ee, k | ey e | empl | oye | e, or | hig | hest compensated empl | oyee on | Г | | | |
| | line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | L | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$150 | 0,000? If "Yes, | " со | mple | ete S | Sche | dule | d J f | or such individual | | L | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | accrue compen | sati | on fr | rom | any | unre | elate | ed organization or individ | lual for services | | | | |
| | rendered to the organization? If "Yes." corr | plete Schedule | e J fo | or sı | ıch ı | oers | on . | | | | | 5 | | Х |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | | | | | | | | | <i>,</i> , | ensati | on fro | m | |
| | the organization. Report compensation for | the calendar ye | ear e | ndir | ng w | ith c | or wi | thin | | ear. | | | | |
| | (A) Name and business | addross | 376 | | 7 | | | | (B) Description of s | onvicos | C | (C | ;) nsatio | n |
| | Name and business | audress | NC | ONE | 5 | | | | Description of s | ervices | | mper | 154110 | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | + | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii | ncludina but na | ot lin | niter | d to | thos | e lis | ted | above) who received mo | ore than | | | | |
| - | \$100,000 of compensation from the organiz | • | | | | C | | | | | | | | |
| | , | r | | | | | | | | | F | orm 9 | 990 (; | 2021) |

| | | | e Passage | 5 | | | 01-0532 | 835 Page 9 |
|---|----------------|--|---------------------------------------|------------------|----------------------|--|--------------------------------------|---|
| Pa | rt VII | Statement of Re | venue | | | | | |
| | | Check if Schedule O | contains a respon | se or note to an | | (5) | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ŝ | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | | 1b | | _ | | | |
| , Mo | с | Fundraising events | | 2942 | 1. | | | |
| ar A | d | Related organizations | | | | | | |
| s, 0 | е | Government grants (contr | ributions) 1e | | | | | |
| tion S | f | All other contributions, gifts, | | | | | | |
| j t P | | similar amounts not included | | 322722 | <u>6.</u> | | | |
| ontr od C | g | Noncash contributions included in | | | 2256647 | | | |
| <u>o</u> e | h | Total. Add lines 1a-1f | | Business Co | ► 3256647. | | | |
| | 0.0 | | | Business Co | | | | |
| Program Service Revenue | 2 a b | | | _ | | | | |
| Ser | c | | | | | | | |
| am | d | | | | | | | |
| ogr | е | | | | | | | |
| Å | f | All other program service | revenue | | | | | |
| | g | | | | ► | | | |
| | 3 | Investment income (inclue | | | CA247 | | | 64247 |
| | | other similar amounts) | | | 64347. | | | 64347. |
| | 4 5 | Income from investment of | | - | | | | |
| | 5 | Royalties | (i) Real | (ii) Person | al | | | |
| | 6 a | Gross rents | 6a | (| | | | |
| | | | 6b | | _ | | | |
| | с | | 6c | | | | | |
| | d | Net rental income or (loss | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securitie | | · | | | |
| | | assets other than inventory | 7a 3989910 |). | _ | | | |
| | b | Less: cost or other basis | 2406026 | | | | | |
| venue | | and sales expenses | 7b 3496938 7c 492972 | | | | | |
| | | Gain or (loss) Net gain or (loss) | - | | ▶ 492972. | | | 492972. |
| Other Re | | Gross income from fundraisi | Г | | = = 52572. | | | |
| Oth | 04 | including \$ 2 | | | | | | |
| Ŭ | | contributions reported on | | | | | | |
| | | Part IV, line 18 | · · · · · · · · · · · · · · · · · · · | 8a 433 | | | | |
| | b | Less: direct expenses | | 8b 433 | | | | |
| | | Net income or (loss) from | т ^с | 3 | • 0. | | | |
| | 9 a | Gross income from gamin | - | | | | | |
| | | Part IV, line 19 | | 9a | | | | |
| | | Less: direct expenses Net income or (loss) from | | 9b | | | | |
| | | Gross sales of inventory, | r | | | | | |
| | .5 a | and allowances | | 10a | | | | |
| | b | Less: cost of goods sold | ····· | 10b | | | | |
| | | Net income or (loss) from | | | | | | |
| ß | | | | Business Co | ode | | | |
| e e | 11 a | | | _ | | | | |
| lane | b | | | _ | | | | |
| Miscellaneous Revenue | c | | | - | | | | |
| Mis | d | All other revenue | | | <u> </u> | | | |
| | <u>е</u> 12 | Total. Add lines 11a-11d Total revenue. See instruction | | | ► 3813966. | 0. | 0. | 557319. |
| 13200 | 9 12-09 | | | | | | | Form 990 (2021) |

Form 990 (2021) Safe Passage
Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | () | |
|----------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 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 | 1402002 | 1402702 | | |
| | individuals. See Part IV, lines 15 and 16 | 1483793. | 1483793. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 110000 | 24024 | 07000 | CO020 |
| | trustees, and key employees | 112836. | 24824. | 27080. | 60932 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| | persons described in section 4958(c)(3)(B) | 241145 | 85050 | 01005 | 104010 |
| 7 | Other salaries and wages | 341145. | 75052. | 81875. | 184218 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 01010 | 00110 | 10400 | 40007 |
| 9 | Other employee benefits | 81813. | 22118. | 19408. | 40287 |
| 0 | Payroll taxes | 34730. | 7641. | 8335. | 18754 |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | 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 0.) | 62806. | | 24811. | 37995 |
| 2 | Advertising and promotion | | | | |
| 3 | Office expenses | 58138. | 8902. | 4571. | 44665 |
| 4 | Information technology | | | | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 20766. | | 4464. | 16302 |
| 7 | Travel | 8140. | 421. | 3414. | 4305 |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | | | | |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 447. | | 447. | |
| 3 | | 14208. | | 12165. | 2043 |
| 4 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| - | amount, list line 24e expenses on Schedule 0.) | 55000. | | | 55000 |
| a ⊾ | BANK FEES | 17856. | 1851. | 613. | 15392 |
| b | FUNDRAISING AND DONOR S | 11997. | 1001. | 1909. | 10088 |
| C | | 5365. | | 1100. | 4265 |
| d | MISCELLANEOUS | 8726. | 210. | 2310. | 6206 |
| | All other expenses | 2317766. | 1624812. | 192502. | 500452 |
| <u>5</u> | Total functional expenses. Add lines 1 through 24e | ZJ1/00. | 1024012. | TA72071 | 500452 |
| 6 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |

12

| | 990 () t X | 2021) Safe Passage Balance Sheet | | | | 01- | 0532835 Page 11 |
|-----------------------------|----------------------|---|------------|---------------------|---------------------------------|----------|---------------------------|
| Par | 1. | | | | | | |
| | | Check if Schedule O contains a response or not | e to any I | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cook non interact bearing | | | 523778. | 1 | 1482804. |
| | 2 | Cash - non-interest-bearing Savings and temporary cash investments | | | 525770. | 2 | 1402004. |
| | 2 | Pledges and grants receivable, net | | | 178447. | 3 | 252585. |
| | 4 | Accounts receivable, net | | | 1/041/. | 4 | 252505. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | 5 | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disqualit | | | | 5 | |
| | U | under section 4958(f)(1)), and persons described | | 6 | | | |
| | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ass | 9 | Prepaid expenses and deferred charges | | | 10418. | 9 | 12641. |
| | | Land, buildings, and equipment: cost or other | I I | | 101101 | | |
| | 104 | basis. Complete Part VI of Schedule D | 10a | 22383. | | | |
| | h | Less: accumulated depreciation | | 21101. | 605. | 10c | 1282. |
| | 11 | Investments - publicly traded securities | 2991176. | 11 | 3233607. | | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 1625. | 15 | 0. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 3706049. | 16 | 4982919. | | |
| | 17 | Accounts payable and accrued expenses | 23240. | 17 | 40725. | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | | | | 21 | |
| s | 22 | Loans and other payables to any current or form | | | | | |
| itie | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | | | | 22 | |
| Li | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | 17-24). (| Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 23240. | 26 | 40725. |
| | | Organizations that follow FASB ASC 958, che | ck here | ► X | | | |
| sec | | and complete lines 27, 28, 32, and 33. | | | | | |
| lanc | 27 | Net assets without donor restrictions | | 2069568. | 27 | 2544059. | |
| Ba | 28 | Net assets with donor restrictions | 1613241. | 28 | 2398135. | | |
| nd | | Organizations that do not follow FASB ASC 9 | 58, chec | khere 🕨 🗌 | | | |
| ΓĽ | | and complete lines 29 through 33. | | | | | |
| 0 S | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or ec | uipment | fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net | 32 | Total net assets or fund balances | | L | 3682809. | 32 | 4942194. |
| | 33 | Total liabilities and net assets/fund balances | | | 3706049. | 33 | 4982919. |

Form **990** (2021)

11000720 152130 10220

| Form | 1 990 (2021) Safe Passage | 01-053 | 2835 | Pag | _{ge} 12 |
|------|---|-----------|------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check 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 | 381 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 231 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 149 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 368 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -23 | 681 | 15. |
| 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 on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 494 | 219 | 94. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check 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: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | • O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | . 3b | | |
| | | | | | |

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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 |
|------------------------------|
| 2021 |
| Open to Public Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Nam | ie of t | the organization | _ | | | | | | identification number | |
|------|-----------|-----------------------------------|----------------------------|---|-------------------------------------|---------------------------------|-------------------|---------------------|----------------------------|---|
| _ | | Safe | Passage | | | 01-0532835 | | | | |
| Pa | rtI | Reason for Public C | Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | S. | | _ |
| The | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, cl | neck only (| one box.) | | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | l)(A)(i). | | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Form | n 990).) | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | \square | An organization operated for | or the benefit of a col | lege or university owned | or operat | ed by a go | vernmental ur | nit describe | ed in | |
| - | | section 170(b)(1)(A)(iv). (C | | 5 | • | , , | | | | |
| 6 | | A federal, state, or local gov | | ental unit described in | section 17 | 70(h)(1)(A) | (v) | | | |
| | X | An organization that normal | • | | | | ., | o gonoral r | ublic described in | |
| ' | - 23 | | | Inal part of its support if | un a gove | minentai | | e general p | | |
| ~ | | section 170(b)(1)(A)(vi). (C | | | | | | | | |
| 8 | | A community trust describe | | | | | | | | |
| 9 | | An agricultural research org | | | | - | | - | - | |
| | | or university or a non-land-g | rant college of agricu | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or | |
| | | university: | | | | | | | | _ |
| 10 | | An organization that normal | lly receives (1) more t | than 33 1/3% of its supp | ort from c | ontributior | ns, membershi | p fees, and | d gross receipts from | |
| | | activities related to its exem | npt functions, subject | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | s support fr | rom gross investment | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | fter June 30, 1975. | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | |
| 11 | | An organization organized a | and operated exclusiv | vely to test for public sat | ety. See | section 50 |)9(a)(4) . | | | |
| 12 | | An organization organized a | and operated exclusiv | vely for the benefit of, to | perform tl | he functio | ns of, or to car | ry out the | purposes of one or | |
| | | more publicly supported or | ganizations described | d in section 509(a)(1) o | r section ! | 509(a)(2). | See section 5 | 609(a)(3). C | Check the box on | |
| | | lines 12a through 12d that | - describes the type of | supporting organization | and com | plete lines | 12e, 12f, and | 12g. | | |
| а | | Type I. A supporting orga | • • | | | | | - | aivina | |
| | | the supported organization | - | - | • • • • | - | | | | |
| | | organization. You must c | | | majority o | | | | pporting | |
| h | | 7 7 | - | | ion with it | oupporto | d organization | | ing | |
| b | | Type II. A supporting orga | - | | | | - | | - | |
| | | control or management o | | | ame perso | ns that col | ntroi or manag | je tne supp | ortea | |
| | | organization(s). You mus | - | | | | | | | |
| С | | Type III functionally inte | | | | | | y integrate | d with, | |
| | | its supported organization | | | | | | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in cor | nnection w | ith its suppor | ted organiz | zation(s) | |
| | | that is not functionally inter | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | uirement and | an attentiv | veness | |
| | | requirement (see instructi | ons). You must con | nplete Part IV, Sections | A and D, | and Part | V . | | | |
| е | | Check this box if the orga | nization received a v | vritten determination from | m the IRS | that it is a | Type I, Type I | I, Type III | | |
| | | functionally integrated, or | Type III non-functior | nally integrated supportin | ng organiz | ation. | | | | _ |
| f | Ente | er the number of supported o | organizations | | | | | | | |
| g | Prov | vide the following information | about the supported | d organization(s). | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed ng document? | (v) Amount of | monetary | (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see in | structions) | support (see instructions) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | _ |
| | | | | | | | | | | |
| | | | | | | | | | | _ |
| Tota | l I | | | | | | | | | |

| Schedule A | Form 990 |) 202 |
|--------------|----------|-------|
| Someaule / (| 0000 | 1202 |

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.)

| See | ction A. Public Support | | | | | | | |
|------|--|----------------------|---------------------|---------------------|----------------------------|--------------------|------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1928024. | 1678544. | 1817597. | 1148480. | 3260981. | 9833626. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization'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 | 1928024. | 1678544. | 1817597. | 1148480. | 3260981. | 9833626. | |
| 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) | | | | | | 52018. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 9781608. | |
| | ction B. Total Support | 1 | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 7 | Amounts from line 4 | 1928024. | 1678544. | 1817597. | 1148480. | 3260981. | 9833626. | |
| 8 | | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | <i></i> | | |
| | and income from similar sources \dots | 62962. | 66723. | 63052. | 43625. | 64347. | 300709. | |
| 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.) | | | | | | 1010100 | |
| | Total support. Add lines 7 through 10 | | | | | | 10134335. | |
| | Gross receipts from related activities, | | , | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for the | - | | | | | . — | |
| 0.0 | organization, check this box and stop | | | | | | ····· | |
| | ction C. Computation of Publi | | | | | | 06 50 | |
| | Public support percentage for 2021 (I | | • | | | 14 | <u>96.52 %</u> | |
| | Public support percentage from 2020 | | | | | 15 | 95.52 % | |
| 16a | a 33 1/3% support test - 2021. If the o | | | | | | N V | |
| | stop here. The organization qualifies | | - | | | | | |
| b | 33 1/3% support test - 2020. If the o | - | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17a | a 10% -facts-and-circumstances test | - | | | | | | |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | ation | |
| | meets the facts-and-circumstances te | est. The organizatio | n qualifies as a pu | blicly supported of | rganization | | ▶∟ | |
| b | o 10% -facts-and-circumstances test | - | | | | | 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-circu | | • | | | | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | | | |
| | | | | | | Schodulo A | (Form 990) 2021 | |

Schedule A (Form 990) 2021

132022 01-04-22

| Schedule A | | | | Passa | | | |
|------------|---------|----------|------------|---------|-----------|------------|-----------|
| Part III | Support | Schedule | for Organi | zations | Described | in Section | 509(a)(2) |

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

| Sec | ction A. Public Support | | | | | | |
|-------|--|----------------------------|----------------------------|---------------------|---------------------|----------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | 1 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| - | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | 1 (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | <u> </u> | |
| 14 | First 5 years. If the Form 990 is for the | - | | | - | | |
| 500 | check this box and stop here | ic Support Por | | | | | ····· |
| | | | | oolump (f)) | | 15 | 04 |
| | Public support percentage for 2021 (Public support percentage from 2020 | | | | | 15 | <u> </u> |
| | ction D. Computation of Invest | | | | | | 70 |
| | Investment income percentage for 2 | | | ne 13 column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2020. If the | | | | | | 3%, and |
| | line 18 is not more than 33 1/3%, che | eck this box and st | t op here. The orga | nization qualifies | as a publicly suppo | orted organiza | ıtion ► |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check tl | his box and see ins | structions | |
| 13202 | 23 01-04-22 | | 16 | | | Scheo | dule A (Form 990) 2021 |

2021.04000 SAFE PASSAGE

Yes No

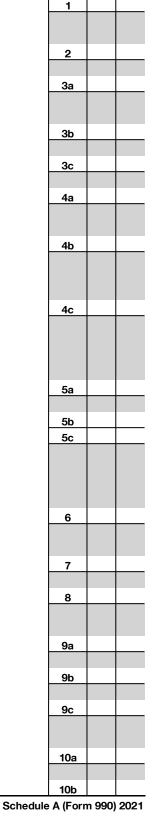
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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|---------|-----------------|-----------------|------------|
| Part IV | Supporting (| Organizations (| continued) |

1

2

No

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> | | | |

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

| supervised, or controlled the supporting organization. | |
|--|--|
| Section C. Type II Supporting Organizations | |

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

| Section D | All Type III Supporting Organizations | |
|-----------|---------------------------------------|--|
| | | |

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye | ear (see instructions) |
|---|--|------------------------|
| - | Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye | <i>,ai</i> (|

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| c 🗌 |] The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental e | entity (see instruction <u>s).</u> |
|-----|---|-------------------------|--------------------------------|------------------------------------|
|-----|---|-------------------------|--------------------------------|------------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

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| Sche | dule A (Form 990) 2021 Safe Passage | | (| 1-0532835 Page 6 |
|------|--|-----------------|----------------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organiz | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | ov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrated | I Type III supporting orga | nization (see |

Schedule A (Form 990) 2021

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instructions).

Distributable amount for 2021 from Section C, line 6

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Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.

4 Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

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

Schedule A (Form 990) 2021

Section D - Distributions

3

7

8

9

| 10 | Line 8 amount divided by line 9 amount | | 10 | |
|------|---|-----------------------------|--|---|
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| с | From 2018 | | | |
| d | From 2019 | | | |
| e | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2017 | | | |
| b | Excess from 2018 | | | |
| c | Excess from 2019 | | | |
| d | Excess from 2020 | | | |
| e | Excess from 2021 | | | |

Schedule A (Form 990) 2021

Current Year

1

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3 4

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| Schedule A | (Form 990) 2021 | Safe | Passage | | | 01-0532835 | Page 8 |
|----------------|--|--|---|---|---|---|----------|
| Part VI | Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, | mation. , 2, 3b, 3c, lines 2 and | Provide the explanations 4b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line | 11a, 11b, and 11c; Pa es 1c, 2a, 2b, 3a, and 3 | rt IV, Section B, lines 1 3b; Part V, line 1; Part V | 17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Par | C, |
| | Section D, lines 5, 6, and (See instructions.) | 8; and Part | t V, Section E, lines 2, 5, | and 6. Also complete t | his part for any additior | nal information. | |
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| SCHEDULE D |) |
|------------|---|
|------------|---|

Department of the Treasury

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.



| Interna | I Revenue Service Go to www.irs.gov/Form99 | 00 for instructions and the latest inform | mation. | Inspection |
|------------|--|--|-------------|---|
| Nam | e of the organization Safe Passage | | | Employer identification number $01 - 0532835$ |
| Pa | | d Funds or Other Similar Funds | s or Ac | |
| | organization answered "Yes" on Form 990, Part IV, line | e 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 w | vriting that the assets held in donor advi | sed fund | s |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | YesNo |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant funds can be | e used or | nly |
| | for charitable purposes and not for the benefit of the donor or | | | · |
| D - | impermissible private benefit? | | | Yes No |
| Pa | | | , Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (for example, recreat | ion or education) | of a histo | rically important land area |
| | Protection of natural habitat | Preservation of | of a certif | ïed historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | n of a cor | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | | | | 2b |
| С | Number of conservation easements on a certified historic stru | icture included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired a | | | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by th | e organiz | zation during the tax |
| | year 🕨 | | | |
| 4 | Number of states where property subject to conservation eas | ement is located | - | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing cor | nservatio | n easements during the year |
| | ▶ | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserve | ation eas | ements during the year |
| | ▶\$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 |)(h)(4)(B)(| |
| | and section 170(h)(4)(B)(ii)? | | | YesNo |
| 9 | In Part XIII, describe how the organization reports conservation | • | | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial staten | nents tha | t describes the |
| Do | organization's accounting for conservation easements. TIII Organizations Maintaining Collections of | Art Historical Tracquires or O | thar Si | milor Acceto |
| Fa | | | iner Si | initial Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | · · · · | | |
| | of art, historical treasures, or other similar assets held for pub | | | ce of public |
| | service, provide in Part XIII the text of the footnote to its finan | | | -la - da - e - f |
| a | If the organization elected, as permitted under FASB ASC 958 | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fur | uierance | or public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| ~ | | | | ▶ \$ |
| 2 | If the organization received or held works of art, historical trea | | ai gain, p | provide |
| | the following amounts required to be reported under FASB AS | - | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | ► \$ |
| b | Assets included in Form 990, Part X | | | ▶ \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apps); a a Puble exhibition d L can or exchange program b Cholany research e Other c Provide a deciption of the organization's collections and explain how they further the organization's acception? Yes No. Part III Escrow and Custodial Arrangements. Complete if the organization acception? Yes No. Part IIII Escrow and Custodial Arrangements. Complete if the organization and explain how they further the organization acception? Yes No. b if Yes,* explain the arrangement in Part XIII and complete the following table: Image: the organization and part to acceptication asset on the assets not included on Form 980, Part X, Ima 21. Image: the organization and part to accept table the following table: Image: the organization and part to accept table the organization acceptication asset on the assets not included on Form 980, Part X, Ima 21. Image: the organization acceptication asset on the organization acceptication asset on the acceptication asset on the organization acceptication asset on the acceptication asset on the organization accepticat | Sche | dule D (Form 990) 2021 Safe Pa | ssage | | | | (| 01-05 | 3283 | 5 Pa | age 2 |
|--|--------|---|-------------------------|-------------------------------|--|-----------|----------|---------------|-----------------|---------|-------------------|
| collection lame (check all that apply): a b b b Collection lame (check all that apply): a Police exhibition c Other Collection lame (check all that apply): b Scholarly research c Other Collection lame (check all that apply): c Provide a decipition of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Yes No Part V Escrow and CutsOdial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reportad an amount on Form 990, Part X, line 21, ine 21. Is the organization and part 20 (check here if the organization science) No b If "Yes," explain the arrangement in Part XIII and complete the following table: Is an another on Form 990, Part X, line 21, for escrow or cutsodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the organization include an amount on Form 990, Part X, line 21, for escrow or cutsodial account liability? Yes No b If Yes," explain the arrangement in Part XIII. Check here if the organization include an anount on Form 990, Part X, line 21, for escrow or cutsodial account liability? Yes No b If Yes," explain the arrangement in Part XIII. Check here if the organiz | Par | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Ot | her Si | imilar | Assets | contii | nued) | |
| a Public exhibition during the generations development of the organization's exempt purpose in Part XII. b Scholarly research evelopment of the organization's collections and explain how they further the organization's exempt purpose in Part XII. b During the year, dd the organization sociel 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? Vee No Part VI Encover and CutSodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 8. a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. a Is the organization and agent of the organization and the solution of the soluting the year b H 'Yes,' explain the arrangement in Part XIII and complete the following table: | 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | following that mak | e signif | ficant u | se of its | | | |
| b Scholary research e Other | | collection items (check all that apply): | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 6 Derit IV Escretow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1a Is the organization include an amount on Form 990, Part X, line 21. Amount 2 Beginning balance | а | Public exhibition | d | Loan or exc | hange program | | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donalitons of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Beginning balance Cegginning balance Intermediary for contributions or other assets not included on Form 990, Part X? In 2 the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization include on Part XIII Check here if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the series of facilities a granization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In escience if the organization include an amount on Form 990, Part X, line 21, for escrow and used to raise a chain any and loses is 32/213. 35204. Contributions Second anabase (log Prior years back (lo | b | Scholarly research | е | Other | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? No. Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. If a lis the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. If a lis the organization and service the following table: Amount 1 1 If organization and service the following table: Amount Id Id Intoine the organization and service the following table: Amount Id | с | Preservation for future generations | | | | | | | | | |
| top 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. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or outber assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or outber assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or outber assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or outber assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or outber assets not include an amount on Form 990, Part X, line 21. Image: Complete intermediary for contributions or outber assets for assets hask for the organization answered 'Yes' on Form 990, Part X, line 21. Image: Complete intermediary for contributions and the form 990, Part X, line 21. Image: Complete intermediary for contributions intermediary for contributions intermediary for contret in | 4 | Provide a description of the organization's co | ollections and explain | how they further th | ne organization's e | exempt | purpos | e in Part | XIII. | | |
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| 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 | Par | | | te if the organizatio | n answered "Yes' | ' on For | rm 990, | Part IV, I | line 9, or | | |
| on Form 990, Part X? Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 12737735. 1 Beginning of year balance (a) Current year (b) Troy year (b) Troy year (b) Troy years back (c) Four years ba | | | | | | | | | | | |
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| 2a Did the organization include an amount on Form 980, Part X, line 21, for escrow or custocial account lability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part KI, line 10. (e) Four years back (e) F | e | | | | | | | | | | |
| 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 300, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back 1b Contributions (c) Droir years back (d) Three years b | T | | | | | | <u> </u> | | | | |
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| e Other | с | Leasehold improvements | | | | | | | | | |
| | d | Equipment | | | 11853. | | 1057 | 1. | | 12 | 82. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) | | | | | | | | | | | |
| | Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part λ | (<u>, column (B), line 1</u> | 0c.) | <u></u> | | | | 12 | 82. |

Schedule D (Form 990) 2021

11000720 152130 10220

| | on answered "Yes" on Form 990, Part IV, lin | |
|--|---|---|
| (a) Description of security or category (incl | | (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 - Progr | am Related | |
| | on answered "Yes" on Form 990, Part IV, li | ne 11c. See Form 990. Part X. line 13. |
| (a) Description of investr | | (c) Method of valuation: Cost or end-of-year market value |
| (1) | (3) 2001 12:00 | |
| (1) | | |
| (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 | on answered "Yes" on Form 990, Part IV, li | ne 11d. See Form 990, Part X, line 15. |
| | (a) Description | (b) Book value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| otal. (Column (b) must equal Form 990 |), Part X, col. (B) line 15.) | |
| Part X Other Liabilities. | | |
| Complete if the organization | on answered "Yes" on Form 990, Part IV, lin | ne 11e or 11f. See Form 990, Part X, line 25. |
| . (a) Descripti | on of liability | (b) Book value |
| (1) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| | | |
| otal. (Column (b) must equal Form 990 | . Part X. col. (B) line 25.) | 🕨 |

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

Schedule D (Form 990) 2021

132053 10-28-21

| Sche | dule D (Form 990) 2021 Safe Passage | | 01-0532835 Page 4 |
|------|---|-------------------|-------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stat | ements With Reven | ue per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | ie 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |) | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Sta | • | ises per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | | |
| 1 | Total expenses and losses per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| с | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | 3 <u>.</u>) | |
| Pa | rt 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.

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Schedule D (Form 990) 2021

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|-----------|-------------|-------|
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132071 12-20-21

Statement of Activities Outside the United Stat

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

Attach to Form 990.

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

| the grantees' eligibility for | or the grants or a | assistance, and t | he selection criteria used to award the | grants or assistance? | Yes 🗌 No |
|---|---|--------------------------------------|---|---|--|
| 2 For grantmakers. Desc United States. | ribe in Part V the | e organization's | procedures for monitoring the use of its | s grants and other assistance outs | ide the |
| | he following Part | I. line 3 table ca | an be duplicated if additional space is n | eeded.) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and | | (e) If activity listed in (d) is a program service, | (f) Total expenditures for and investments in the region |
| Central America and | | | | | |
| the Caribbean - | | | | | |
| Antigua & Barbuda, | | | GRANTS TO SUPPORT CAMINO | SEE SAFE PASSAGE MISSION | |
| Aruba, Bahamas, | 1 | 1 | SEGURO IN GUATEMALA | STATEMENT | 1483793. |
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| 0 | | 4 | | | 1403703 |
| 3 a Subtotal | 1 | 1 | | | 1483793. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 1 | 1 | | | 1483793. |

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

Schedule F (Form 990) 2021

| tes | OMB No. 1545-0047 |
|----------|-------------------|
| , or 16. | 2021 |
| | Open to Public |
| | Inspection |

01-0532835

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Safe Passage

Form 990, Part IV, line 14b.

| SCH | :υυ | LE | F |
|------|------|----|---|
| Form | 990) | | |
| | | | |

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, | GRANTS TO SUPPORT CAMINO SEGURO IN GUATEMALA | | ELECTRONIC FUNDS TRANSFER | 0. | | |
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| exempt 501(c)(3) orga | nization by the IRS, o | or for which the grantee | recognized as charities by the t or counsel has provided a sect | ion 501(c)(3) equ | uivalency letter | | | 1 |

Schedule F (Form 990) 2021

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

Safe Passage

Schedule F (Form 990) 2021

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X 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 | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X 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? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2021

| | (Form 990) 2021 | | Passage |
|--------|-----------------|------------|---------|
| Part V | Supplement | al Informa | ation |

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.

| 132075 12-20-21 | Schedule F (Form | 990) 2021 |
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| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctivi | ties | OMB No. 1545-0047 |
|--|---------------------|---|------------------|--|--------------------------------------|-------------------------------|---|--|
| (Form 990) | | e organization answered "Yes" on rganization entered more than \$1 | | | | r 19, | or if the | 2021 |
| Department of the Treasury | | Attach to Form 990 | or Fo | rm 99 | 0-EZ. | | | Open to Public |
| Internal Revenue Service | | to www.irs.gov/Form990 for instr | uction | s and | the latest informati | on. | | Inspection |
| - | | | | | | mployer identification number | | |
| | Safe Pa | | | | | | 01-0532 | |
| | complete this part | Complete if the organization answe | ered "Y | 'es" or | n Form 990, Part IV, I | ine 17 | '. Form 990-E2 | Z filers are not |
| 1 Indicate whether th | e organization rais | ed funds through any of the followir | - | | | | | |
| a X Mail solicitat | | | | • | overnment grants | | | |
| | email solicitations | | | • | ÷ | | | |
| c X Phone solici | | g X Special | fundra | aising | events | | | |
| d X In-person so | | | <i>.</i> | , | | | | |
| | | r oral agreement with any individual | | | | tees, | | |
| | | art VII) or entity in connection with p | | | - | | | |
| | east \$5,000 by the | viduals or entities (fundraisers) pursu | antio | agree | ments under which ti | le lui | uraiser is to b | e |
| | | | | | 1 | 1 | | T |
| (i) Name and addres or entity (fund | | (ii) Activity | have c or cor | Did raiser ustody ntrol of utions? | (iv) Gross receipts from activity | tò (o | Amount paid r retained by) undraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
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| or licensing. | | n is registered or licensed to solicit | | | | | | egistration |

CA, CO, CT, DC, FL, GA, KS, ME, MD, MA, MI, NH, NM, NV, NJ, NC, OR, PA, VA, WA, IL, KY, MN, MO, RI OH, TN, UT, VA, WI

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

Schedule G (Form 990) 2021

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | | (a) Event #1 5K RACE | (b) Event #2 | (c) Other events None | (d) Total events (add col. (a) through |
|--|---|---|---------------------------------|-------------------------------------|--|
| | | (event type) | (event type) | (total number) | col. (c)) |
| 1 | Gross receipts | 33755 | 5. | | 33755 |
| 2 | Less: Contributions | 29421 | . • | | 29421 |
| 3 | Gross income (line 1 minus line 2) | 4334 | Ł. | | 4334 |
| 4 | Cash prizes | | | | |
| 5 | Noncash prizes | | | | |
| 6 | Rent/facility costs | | | | |
| 6 | Food and beverages | | | | |
| | Entertainment | | | | |
| 8 | | | 1 | | 4224 |
| 9 | Other direct expenses | 4334 | | | |
| 9 10 | Other direct expenses Direct expense summary. Add lines 4 throug | 4334 h 9 in column (d) | | | 4334 |
| 9 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from | 4334 h 9 in column (d) line 3, column (d) | | 🕨 | 4334 4334 0 |
| 9 10 11 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from | 4334 h 9 in column (d) line 3, column (d) | | 🕨 | 4334 |
| 9 10 11 art | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization | 4334 h 9 in column (d) line 3, column (d) | | 🕨 | 4334 |
| 9 10 11 art | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization | 4334 h 9 in column (d) answered "Yes" on Fo | orm 990, Part IV, line 19, or i | reported more than | 4334 0 (d) Total gaming (ad |
| 9 10 11 art | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | 4334 h 9 in column (d) answered "Yes" on Fo | orm 990, Part IV, line 19, or i | reported more than | 4334 0 (d) Total gaming (ad |
| 9 10 11 art | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | 4334 h 9 in column (d) answered "Yes" on Fo | orm 990, Part IV, line 19, or i | reported more than | 4334 0 (d) Total gaming (ad |
| 9 10 11 art 1 2 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes | 4334 h 9 in column (d) answered "Yes" on Fo (a) Bingo | orm 990, Part IV, line 19, or i | reported more than | 4334 0 (d) Total gaming (ad |
| 9 10 11 art | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes | 4334 h 9 in column (d) answered "Yes" on Fo (a) Bingo | orm 990, Part IV, line 19, or i | reported more than | 4334 0 (d) Total gaming (ad |
| 9 10 11 art 2 . 3 4 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs | 4334 h 9 in column (d) answered "Yes" on Fo (a) Bingo | orm 990, Part IV, line 19, or i | reported more than | 4334 0 (d) Total gaming (ad col. (a) through col. (|
| 9 10 11 art 2 . 3 4 5 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | 4334 h 9 in column (d) answered "Yes" on Fo (a) Bingo (a) Bingo | % | reported more than (c) Other gaming | 4334 0 (d) Total gaming (ad col. (a) through col. (|

a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

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Schedule G (Form 990) 2021

Yes

No

No

| Sch | edule G (Form 990) 2021 | Safe | Passage | 01-0532835 | Page 3 |
|-------------|---|---------------|---|------------------------------|---------------|
| 11 | Does the organization conduct ga | aming activ | ties with nonmembers? | Yes | No |
| 12 | Is the organization a grantor, ben | eficiary or t | rustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | | | | No |
| 13 | Indicate the percentage of gamin | g activity co | onducted in: | | |
| a | The organization's facility | | | 13a | % |
| | | | | | % |
| | | | ho prepares the organization's gaming/special events books and recor | | |
| | | | | | |
| | Name 🕨 | | | | |
| | | | | | |
| | Address 🕨 | | | | |
| | | | | | |
| 1 5a | Does the organization have a con | tract with a | third party from whom the organization receives gaming revenue? \ldots | Yes | No |
| | | | | | |
| b | | | e received by the organization 🕨 \$ and the am | ount | |
| | of gaming revenue retained by th | e third part | / ▶\$ | | |
| 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 | Emp | oyee Independent contractor | | |
| | | | | | |
| | Mandatory distributions: | | | | |
| a | | r state law f | o make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | | | | No |
| b | | • | der state law to be distributed to other exempt organizations or spent | in the | |
| Da | organization's own exempt activit rt IV Supplemental Infor | | | | 101 |
| Га | | | Provide the explanations required by Part I, line 2b, columns (iii) and (v) | ; and Part III, lines 9, 9b, | , 106, |
| | 150, 15C, 16, and 17D, as | в арріїсаріє | . Also provide any additional information. See instructions. | | |
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| | 6 (Form 990) | Safe | Passa | ge |
|---------|--------------|---------------|-------------|----|
| Part IV | Supplementa | I Information | (continued) | |

| (continued) |
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| Schedule G (Form 990) |

132084 11-18-21

SCHEDULE O (Form 990)

01-0532835

Safe Passage

Form 990, Part I, Line 1, Description of Organization Mission:

COMMUNITY WITH AN EXCELLENT EDUCATION, A HIGHER QUALITY OF LIFE, AND

PATHWAYS TO A JOB WITH DIGNITY SO THEY CAN ACHIEVE A BETTER FUTURE FOR

THEMSELVES AND THEIR FAMILIES.

Form 990, Part III, Line 1, Description of Organization Mission:

SAFE PASSAGE WORKS TO TRANSFORM LIVES BY PROVIDING STUDENTS IN THE

GUATEMALA CITY GARBAGE DUMP COMMUNITY WITH AN EXCELLENT EDUCATION, A

HIGHER QUALITY OF LIFE, AND PATHWAYS TO A JOB WITH DIGNITY SO THEY CAN

ACHIEVE A BETTER FUTURE FOR THEMSELVES AND THEIR FAMILIES.

Form 990, Part III, Line 4a, Program Service Accomplishments:

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: SAFE PASSAGE IS AN INTERNATIONAL MODEL FOR HOW

TRANSFORMATIVE EDUCATION OF THE WHOLE CHILD FOCUSED ON WELLNESS,

LIFELONG LEARNING, VOCATIONAL SKILLS, AND COMMUNITY ENGAGEMENT CAN

BREAK THE CYCLE OF POVERTY.

SINCE 1999, WHEN HANLEY DENNING FIRST BEGAN CONVINCING PARENTS WORKING

IN THE GUATEMALA CITY 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 560 YOUNG PEOPLE FROM AGE 4 THROUGH AGE 20 (INCLU | DING FULL DAY |
| PROGRAM, HALF DAY HIGH SCHOOL AND VOATIONAL TRAINING). TH | E YOUNGEST |
| LEARNERS ATTEND AN EXPEDITIONARY LEARNING MODELLED PRESCH | OOL FOCUSED ON |
| LEARNING THROUGH PLAY" AND THEN MOVE INTO A FULL-DAY, AC | CREDITED |
| PRIMARY SCHOOL THAT ALSO EMPLOYS EXPEDITIONARY LEARNING, | AND FINALIZED |
| AT 9TH GRADE IN 2021. | |
| STARTING IN 2015, THE GUIDING METHODOLOGY FOR THE FULL DA | Y PROGRAM |
| PRESCHOOL, PRIMARY AND MIDDLE SCHOOL) HAS BEEN EXPEDITION | NARY LEARNING, |
| A HANDS-ON, EXPERIENTIAL APPROACH TO LEARNING WITH A DIST | INGUISHED |
| TRACK RECORD IN POOR U.S. COMMUNITIES. EXPEDITIONARY LEAR | NING MOVES |
| TUDENTS BEYOND THE CLASSROOM TO WORK TOGETHER IN UNDERTA | KING PROJECTS |
| IN "EXPEDITIONS" THAT INVOLVE INVESTIGATING ISSUES IN THE | IR COMMUNITY |
| IN WAYS THAT WEAVE TOGETHER SCIENCE, SOCIAL STUDIES, READ | ING, MATH, |
| TECHNOLOGY AND THE ARTS. EXPEDITIONS CAN BE FROM SEVERAL | WEEKS TO A |
| FULL SEMESTER OF REAL-WORLD, IN-DEPTH STUDY THAT PROMOTES | CRITICAL |
| THINKING, LITERACY, AND CHARACTER DEVELOPMENT. STUDENTS P | RESENT THEIR |
| WORK TO OTHERS AS PART OF A RIGOROUS ASSESSMENT PROCESS A | ND LEAD |
| REGULAR CONFERENCES WITH THEIR PARENTS. | |
| OUR MODEL CONSISTS OF ACTIVE AND ENGAGING SMALL GROUP INS | TRUCTION FOR |
| ALL STUDENTS. IN ADDITION TO PROMOTING ACTIVE, HANDS-ON E | NGAGEMENT |
| AROUND GUIDING QUESTIONS, EXPEDITIONARY LEARNING PROMOTES | A SCHOOL |
| CULTURE ROOTED IN KINDNESS, RESPECT, RESPONSIBILITY, A SE | NSE OF |
| ADVENTURE, AN ETHIC OF SERVICE, AND DESIRE FOR EXCELLENCE | . "CREW" |
| ADVISORY MEETINGS SUPPORT AND HOLD EACH OTHER ACCOUNTABLE | . STUDENT |
| CREWS ARE LEAD CONSISTENTLY BY THE SAME ADULT FOR 3-4 YEA | RS, PROVIDING |
| MUCH-NEEDED STABILITY AND SUPPORT FOR WHAT OFTEN BECOMES | A "SECOND |

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| Schedule O (Form 990) 2021 Name of the organization Safe Passage | Page 2 Employer identification number 01-0532835 |
|--|--|
| WITH COMPLETION OF OUR BSICO (MIDDLE SCHOOL) PROGRAM IN 20 | 21, |
| COMPLIMENTING OUR PRE-PRIMARY AND ELEMENTARY FULL DAY PROG | RAMS. IN |
| 2022, SAFE PASSAGE'S FIRST GRADUATING 9TH GRADE COHORT MOV | ED TO OUR |
| HIGH SCHOOL DIVERSIFICADO PROGRAM (HIGH SCHOOL) WHILE THEY | CONTINUE TO |
| ATTEND LOCAL SCHOOLS THAT OPERATE HALF-DAY PROGRAMS. THESE | STUDENTS |
| PARTICIPATE IN "OPORTUNIDADES", OUR "EDUCATIONAL REINFORCE | MENT" |
| INITIATIVE. THIS PROGRAM SUPPORTS STUDENTS THROUGH TUTORIN | IG AND |
| REMEDIAL IN-DEPTH INSTRUCTION IN COMPUTER TECHNOLOGY AND E | NGLISH, AND |
| PROVIDES REINFORCEMENT THROUGH SOCIAL WORK, PSYCHOLOGY AND | NUTRITION. |
| IN ADDITION, IT PROVIDES AN OPPORTUNITY FOR STUDENTS TO DE | VELOP |
| CONNECTIONS WITH LOCAL BUSINESSES, OFFERS VOCATIONAL TRAIN | ING AND PUTS |
| THEM ON THE ROAD TO FINDING A JOB. THE PRXIMO PASO (NEXT S | TEP) PROGRAM |
| GIVES FURTHER SUPPORT TO PREPARE STUDENTS FOR THE WORKPLAC | E OR |
| UNIVERSITY STUDY. | |
| AS PART OF AN INTEGRATED, HOLISTIC APPROACH TO EDUCATION A | ND POVERTY |
| REDUCTION, SAFE PASSAGE ALSO RECOGNIZES THAT FACTORS BEYON | D THE |
| CLASSROOM HAVE A MAJOR IMPACT ON STUDENT SUCCESS. A TEAM O | F |
| PSYCHOLOGISTS AND SOCIAL WORKERS HELPS STUDENTS ACROSS ALL | DIVISIONS |
| AND SECTIONS OF THE SCHOOL WITH LEARNING DIFFICULTIES, PSY | CHOLOGICAL |
| ISSUES, OR FAMILY PROBLEMS. A HEALTH CLINIC AND HEALTH EDU | CATION |
| PROGRAM PROVIDES SERVICES TO STUDENTS AND FAMILIES. THE FA | MILY |
| NURTURING PROGRAM TRAINS PARENTS TO DISCIPLINE WITHOUT VIO | LENCE AND |
| BUILD POSITIVE FAMILY RELATIONSHIPS. CREAMOS, A WOMEN'S EN | TREPRENEURIAL |
| PROGRAM, PROVIDES OPPORTUNITIES FOR MOTHERS TO EARN INCOME | AND HOSTS A |
| DOMESTIC VIOLENCE SUPPORT GROUP AS WELL AS OTHER WELLNESS | AND HEALTH |
| PROGRAMS. WITHIN CREAMOS, AN ADULT EDUCATION PROGRAM ALLOW | S PARENTS OR |
| RETURNING STUDENTS TO COMPLETE PRIMARY OR SECONDARY SCHOOL | ۱. |
| PROGRAM PARTICIPATION: CURRENTLY THE EDUCATIONAL PROGRAM S | |
| 132212 11-11-21 43 | Schedule O (Form 990) 202 |

43 2021.04000 SAFE PASSAGE

| Schedule O (Form 990) 2021 Name of the organization | Page 2 Employer identification number |
|--|--|
| | 01-0532835 |
| THAN 600 STUDENTS FROM PRESCHOOL THROUGH HIGH SCHOOL AND 8 | 9 ADULTS |
| PURSUING ADULT LITERACY. ANOTHER 120 MOTHERS ARE INVOLVED | IN |
| ENTREPRENEURIAL OPPORTUNITIES THROUGH CREAMOS AND 56 MOTHE | RS ATTEND |
| CREAMOS DOMESTIC VIOLENCE AND FINANCIAL LITERACY SUPPORT G | ROUPS. SAFE |
| PASSAGE ALSO PROVIDES FOOD AND OTHER SERVICES TO OTHER FAM | ILY MEMBERS |
| OF THE 1100+ STUDENTS AND THEIR FAMILY MEMBERS. | |
| LOCATION: PROGRAM FACILITIES ARE LOCATED ON FIVE SITES IN | THE DUMP |
| COMMUNITY BETWEEN ZONES 3 AND 7 IN GUATEMALA CITY. THESE S | ITES INCLUDE |
| THE EARLY CHILDHOOD EDUCATION CENTER WITH KITCHEN AND ATHL | ETIC |
| FACILITIES (FOR PRESCHOOL STUDENTS AGES 4 TO 6). THE PRIM | ARY SCHOOL |
| (FULL-DAY GRADES 1 TO 6, PLUS A LIBRARY, KITCHEN, AND LUNC | HROOM). A |
| CONVERTED HOUSE AND WAREHOUSE THAT HOUSES AN ON-SITE INFIR | MARY, 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 REI | NFORCEMENT |
| PROGRAM FOR OLDER STUDENTS AND PROGRAMS IN CREATIVE ARTS, | SPORTS, |
| ENGLISH LANGUAGE, WEEKEND AND EXTRACURRICULAR PROGRAMS, AN | D PARENT |
| PROGRAMS). SAFE PASSAGE ALSO MAINTAINS A FUNDRAISING AND S | UPPORT OFFICE |
| IN NEW GLOUCESTER, MAINE. | |
| STAFF: THE GUATEMALA PROGRAM EMPLOYS ABOUT 110 STAFF MEMBE | RS, ALMOST |
| ALL ARE GUATEMALAN NATIONALS, TO CARRY OUT PROGRAM OPERATI | ONS. |
| PREVIOUS TO COVID, NUMEROUS INTERNATIONAL AND GUATEMALAN V | OLUNTEERS |
| (AVERAGING 20-25 AT ANY ONE TIME) WOULD LEND SUPPORT FOR T | ERMS RANGING |
| FROM 5 WEEKS TO 3 YEARS. THESE PROGRAMS WILL RECOMMENCE SO | METIME BEFORE |
| THE END OF 2022 AND INTO THE 2023 SCHOOL YEAR. SAFE PASSAG | E'S U.S. |
| OFFICE IN MAINE EMPLOYS 6 STAFF MEMBERS AND ENGAGES MANY L | OCAL |
| VOLUNTEERS. | |

2021 PROGRAM ACCOMPLISHMENTS:

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| Schedule O (Form 990) 2021 | Page 2 |
|--|---|
| Name of the organization | Employer identification number 01-0532835 |
| Safe Passage | 01-0532835 |
| COMPLETION OF ITS PROGRAM EXPANSION AS A FULL-DAY SCHOOL P | ER A |
| STRATEGIC PLAN ADOPTED IN 2013 BY THE BOARD OF DIRECTORS. | |
| EXPANSION OF THE FULL-DAY PRIMARY SCHOOL THROUGH 9TH GRADE | USING |
| EXPEDITIONARY LEARNING: IN 2021, SAFE PASSAGE COMPLETED T | HE PROCESS OF |
| EXPANSION TO A FULL-DAY SCHOOL, WITH TWO SECTIONS IN EVERY | GRADE UP |
| THROUGH 9TH GRADE, USING EXPEDITIONARY LEARNING AS THE GUI | DING |
| METHODOLOGY AS ACCREDITED BY THE GUATEMALAN MINISTRY OF ED | UCATION. THIS |
| INTERDISCIPLINARY CURRICULUM PROMOTES HANDS-ON EXPERIENCES | AND CRITICAL |
| THINKING, FOCUSING ON REAL-WORLD ISSUES TO PROVIDE AN EDUC | ATIONAL |
| EXPERIENCE THAT PREPARES STUDENTS FOR JOBS IN THE FORMAL S | ECTOR. |

RESPONSE TO THE COVID CRISIS AND DISTANT LEARNING

BEGINNING MARCH 16, 2020, AFTER THE GUATEMALAN GOVERNMENT DECLARED THAT NO IN-PERSON CLASSES WOULD BE PERMITTED ACROSS ALL INSTITUTIONS IN THE COUNTRY, SAFE PASSAGE IMMEDIATELY BEGAN WORKING TO CONVERT OUR EXISTING EXPEDITIONARY LEARNING CURRICULUM TO A DISTANCE LEARNING MODEL. GIVEN OUR PARTICULAR CHALLENGES AND POPULATION, INCLUDING THE ABSENCE OF VIRTUAL CAPACITY, TECHONOLOGY OR IN SOME CASES EVEN ELECTRICITY IN THE HOMES OF OUR STUDENTS, ECUCATIONAL LEADERSHIP CREATED A NEW SERIES OF TAKE HOME PACKETS AND IN-HOME PROJECTS TO ENSURE LEARNING CONTINUED APACE. AS THE YEAR CONTINUED, TEACHER AMBASSADORS WERE APPOINTED TO SERVE STUDENTS, AND EVENTUALLY STAFF CREATED INSTRUCTIONAL VIDEOS TO AUGMENT INSTRUCITON. BY THE END OF THE 2020 SCHOOL YEAR SAFE PASSAGE STILL ACHIEVED A 96% GRADUATION AND ADVANCEMENT RATE AMONG ALL STUDENTS AND SATISFIED ALL MINISTRY OF EDUCATION REQUIREMENTS FOR STUDENT PROGRESS AND MEETING OF STANDARDS.

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| Schedule O (Form 990) 2021 | Page 2 |
|---|---|
| Name of the organization Safe Passage | Employer identification number 01-0532835 |
| | 01 0001000 |
| FOR SEVERAL YEARS, SAFE PASSAGE HAS PRIORITIZED IMPROVING | ACCESS TO |
| COMPUTERS, TECHNOLOGICAL CURRICULUM AND INTERNATIONAL WEB | BASED |
| EDUCATIONAL PROGRAMS. THOUGH SAFE PASSAGE SPENT ALMOST TH | E ENTIRE YEAR |
| IN DISTANCE MODE, WE NONETHELESS MADE SIGNIFICANT PROGRESS | IN PURSUIT |
| OF THIS GOAL BY ADDING 20 MORE LAPTOPS TO OUR EXISTING CAT | LOG OF 40 |
| LAPTOPS AND 40 TABLETS FOR STUDENTS IN PREPARATION FOR THE | IR RETURN. |
| THESE ALLOW FOR AN INDIVIDUALIZED LEARNING PROGRAM ALLOWING | G EACH |
| STUDENT TO FOCUS ON THEIR AREAS OF SPECIFIC NEED. IN 2020 | SAFE PASSAGE |
| PROVIDED LAPTOPS TO ALL TEACHERS WHILE EXPANDING DISTANCE | LEARNING AND |
| PROFESIONAL COLLABOARTIVE OPPORTUNITIES AND ADDED 30 MORE | LAPTOPS FOR |
| STUDENT USE IN 2021. IN 2022, SAFE PASSAGE WILL AUGMENT DE | VICE ACCESS |
| FURTHER BY ADDING 40 TABLETS DEDICATED TO SUPPORTING OUR N | EW ENGLISH |
| PROGRAM. | |

Form 990, Part III, Line 4b, Program Service Accomplishments:

NUTRITION, MEDICINE AND COUNSELLING

IN THE FACE OF THE COVID CRISIS, SAFE PASSAGE CRAFTED A STUDENT AND FAMILY WIDE COMMUNICATION SYSTEM WHEREBY SOCIAL WORKERS STAYED IN CLOSE CONTACT WITH FAMILIES, TRACKING HEALTH AND MEETING NEEDS WITHIN THE HOME, WHETHER DUE TO INCREASED HARDSHIP, DOMESTIC CONFLICT OR FINANCIAL ISSUES. ADDITIONALLY, OUR MEDICAL TEAM ESTABLISHED A TELE-MEDICINE AND TELE-PSYCOLOGICAL MODEL, WHEREBY FAMILIES MAINTAINED ACCESS TO A PEDIATRICIAN, PSYCHOLOGISTS AND PRESCRIPTIONS FOR NEEDED MEDICATIONS.

ENGLISH-LANGUAGE INSTRUCTION AT ALL LEVELS

RECOGNIZING THE ADVANTAGES THAT ENGLISH-LANGUAGE SPEAKERS HAVE IN THE

JOB MARKED IN GUATEMALA, AND TAKING ADVANTAGE OF A STRONG CADRE OF
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Schedule O (Form 990) 2021
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| Schedule O (Form 990) 2021 | |
|--|--|
| Name of the organization Safe Passage | Employer identification number 01-0532835 |
| INTERNATIONAL VOLUNTEERS AND CORPORATE PARTNERSHIPS, SAFE | PASSAGE IS |
| NOW PROVIDING ENGLISH LANGUAGE INSTRUCTION FROM AGE 2 THRO | UGH HIGH |
| SCHOOL, USING INTERACTIVE METHODS CONSISTENT WITH SAFE PAS | SAGE'S |
| EDUCATIONAL PEDAGOGY. IN 2021, SAFE PASSAGE REFORMED ITS | ENTIRE |
| ENGLISH INSTRUCTION CURRICULUM AND PROGRAM TO EMBED ENGLIS | H LANGUAGE |
| LEARNING ACROSS ALL DISCIPLINES AND LEVELS, WHILE ALIGNING | BEST |
| PRACTICES AND DESIRED LEARNING OUTCOMES. WITH THE NEW CURR | ICULUM AND |
| PROGRAM DESIGN COMPLETED IN 2021, THIS VITAL PROGRAM IS BE | ING |
| IMPLEMENTED IN 2022. | |
| | |
| NEW FACILITES AND PLAYGROUND | |
| GIVEN PAST CHALLENGES WITH SECURING THE NEEDED SPACE FOR S | TUDENT PLAY |
| AND PHYSICAL LEARNING, BETWEEN 2020 AND 2021, SAFE PASSAGE | CONTSTRUCTED |
| A PLAYGROUND FOR OUR ELEMENTARY SCHOOL, WHICH WILL NOW PRE | CLUDE |
| TRANSPORTATION OF STUDENTS TO OUR PRE-PRIMARY FACILITY FOR | THEIR |
| PHYSICAL EDUCATION PROGRAMMING. THIS WILL ENABLE MORE PLA | Y TIME AND |
| AVOID UNNECESSARY EXPOSURE OF STUDENTS TO EXTERNAL DANGERS | DURING |
| TRANSIT, GIVEN THE EXISTING HEIGHTENED LEVELS OF VIOLENCE | IN OUR |
| BROADER COMMUNITY DUE TO GANG ACTIVITY AND GENERAL CRIMINA | LITY. IN |
| 2021, WE ALSO COMPLETED THE CONSTRUCTION OF ADDITIONAL CLA | SSROOMS AND |
| ADDITIONAL PLAY AREAS FOR OLDER ELEMENTARY STUDENTS ADJACE | NT TO THE |
| EXISTING NEW YOUNGER STUDENT PLAYGROUND. WE ALSO ADDED A N | EW STEM LAB |
| AND UPGRADED COMPUTER LAB IN PREPARATION FOR OUR STUDENTS | RETURN. 2021 |
| ALSO INCLUDED THE CONSTRUCTION OF TWO NEW CLASSROOMS AND I | NDOOR SPORTS |
| COURT, IN 2022, WE WLL BE FINALIZING THE CONSTRUCTION OF A | ROPE COURSE |
| AND COLLABORATIVE PHYSICAL ECUATION/TEAM BUILIDNG AREA TO | AUGMENT OUR |

EXPEDITIONARY LEARNING PROGRAM FOR GRADES 4 THROUGH 6.

COMMUNITY WIDE VACCINATION CLINICS

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| Name of the organization Safe Passage | Employer identification number 01-0532835 |
|---|---|
| | |
| IN CLOSE COORDINATION WITH THE MINISTRTY OF HEALTH, SAFE 1 | PASSAGE |
| SUCCESSFULLY HELD 3 COMMUNITY ACCESS VACCINATION CLINICS : | IN 2021, WITH |
| A TOTAL NUMBER OF OVER 1000 SHOTS ADMINISTERED IN AGGREGA | TE. WITH A |
| PRIMARY FOCUS ON MEMBERS OF OUR FAMILIES, VACCINATIONS WE | RE ALSO MADE |
| AVAILABLE TO OTHER MEMBERS OF THE GARBAGE DUMP COMMUNITY. | AT PRESENT, |
| WITH GOVERNMENT DECREE TO LOWER TO ADMISSABLE AGE FOR VAC | CINATION TO 5 |
| YEARS, SAFE PASSAGE IS WORKING TO ORGANIZE ADDITIONAL VAC | CINATION |
| CLINICS FOR OUR YOUNGER STUDENTS. ADDITIONALLY, VACCINATION | ON AND NOW |
| BOOSTER RATES OF OUR STAFF AND FACULTY ARE AT 98%. | |
| NEW MIDDLE SCHOOL BUILDING AND COMPLEX (BASICO) | |
| WITH THE ADDITION OF GRADES 7 THROUGH 9, THOSE STUDENTS AN | RE UTILIZING |
| EXISTING SPACE IN OUR PRIMARY FACILITY. GIVEN ISSUES OF SI | PACE AND |
| INSTRUCTIONAL EFFECTIVENESS, SAFE PASSAGE RAISED THE REQUI | ISITE FUNDS IN |
| 2021 FOR A NEW MIDDLE SCHOOL CAMPUS AND COMMUNTY COMPLEX, | THE |
| CONSTRUCITON OF WHICH WILL COMMENNCE IN 2022, WITH COMPLE | FION AND |
| OPENING TO STUDENTS IN 2023. | |
| SAFE PASSAGE IS AN INTERNATIONAL ORGANIZATION, AND THE IR | 5 990 ONLY |
| REFLECTS FINANCING FOR U.SBASED ACTIVITY. TO GET A TRU | 3 |
| UNDERSTANDING OF OUR COMPLETE FINANCIAL PICTURE, PLEASE RI | EFER TO OUR |
| COMBINED FINANCIAL REPORT, AVAILABLE ON OUR WEBSITE | |
| (WWW.SAFEPASSAGE.ORG/FINANCIALS) AND UPON REQUEST | |
| Form 990, Part VI, Section B, line 11b: | |
| THE 990 TAX RETURN IS REVIEWED BY MANAGEMENT AND THE TREAS | SURER OF THE |
| ORGANIZATION. THE RETURN IS PROVIDED TO THE BOARD OF DIRE | CTORS FOR COMMENT |

AND REVIEW.

Form 990, Part VI, Section B, Line 12c:

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Schedule O (Form 990) 2021

| lame of the organization | | | Employer identification number |
|--------------------------|------|---------------------------------|--------------------------------|
| | Safe | Passage | 01-0532835 |
| HERE IS AN AN | NUAL | FORM TO FILL OUT FOR EMPLOYEES. | |
| | | | |

THE PROCESS FOR ARRIVING AT A COMPENSATION LEVEL FOR THE EXECUTIVE DIRECTOR

INVOLVED A SURVEY OF THE SALARIES OF EXECUTIVE DIRECTORS AT SIMILAR

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, Line 17, List of States receiving copy of Form 990:

ME, MA, MI, NY, NC, CA, CO, PA, DC, WA, CT, FL, GA, IL, KS, KY, MD, MN, MO, NV, NH, OH, NJ, NM, OR RI,TN,UT,WI,VA

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.

132161 11-17-21 LHA

| (Form 990) | |
|--|--|
| Department of the Treasury Internal Revenue Service | |

Safe Passage

SCHEDULE R

Name of the organization

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.

2021

Open to Public Inspection 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 |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.

| 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 | (f) Direct controlling entity | conti ent | g) 512(b)(13) rolled ity? |
| | | | | 501(c)(3)) | | Yes | No |
| CAMINO SEGURO | 4 | | | | | | |
| 6A. AVENIDA 11-95, ZONE 7, COLONIA LANDIVAR | TO HELP AT RISK GUATEMALAN | | | | | | |
| , GUATEMALA CITY, GUATEMALA | CHILDREN | Guatemala | | | | | Х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 Safe Passage

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) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate tions? | | | or Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 |
| | | | | | | | | | | | |
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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 | (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 | Sec 512(l contr ent | (i) ction (b)(13) trolled tity? |
|---|--------------------------------|---|--|--|--|---|--------------------------------|------------------------------|---|
| | | country) | | 0 | | | | Yes | No |
| | | | | | | | | | |
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Schedule R (Form 990) 2021 Safe Passage

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

| lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | s 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 | | |
| b Gift, grant, or capital contribution to related organization(s) | | X | |
| c Gift, grant, or capital contribution from related organization(s) | | | |
| d Loans or loan guarantees to or for related organization(s) | | | |
| e Loans or loan guarantees by related organization(s) | | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | | | |
| h Purchase of assets from related organization(s) | 1h | | |
| Exchange of assets with related organization(s) | 1i | | |
| Lease of facilities, equipment, or other assets to related organization(s) | 1j | | _ |
| Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | |
| n Performance of services or membership or fundraising solicitations by related organization(s) | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| Sharing of paid employees with related organization(s) | | | _ |
| Reimbursement paid to related organization(s) for expenses | <u>1p</u> | | |
| Reimbursement paid by related organization(s) for expenses | | | + |
| Other transfer of cash or property to related organization(s) | <u>1r</u> | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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 | В | 1483793. | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| <u>(6)</u> | | | |

Schedule R (Form 990) 2021 Safe Passage

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners s 501(c)(3 orgs.? Yes N | (g) Share of end-of-year assets | (f Dispr tior alloca Yes | n) opor- late tions? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General o managin partner? Yes No | (k) r Percentage ownership |
|--|--------------------------------|-----|---|---|---|---|--|---|---|----------------------------------|
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Schedule R (Form 990) 2021

Part VII Supplemental Information

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

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