Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2022 calendar year, or tax year beginning and	l ending		
B	Check if applicab	C Name of organization		D Employer identific	ation number
	Addre chang	Safe Passage			
	Name			01-053283	35
	Initial return		Room/suite	E Telephone number	
	Final return	19 Farm View Road	302	207-846-1	L188
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4938836.
	Amen return	New GIOUCESCEL, ME 04200		H(a) Is this a group re	turn
	Applic tion			for subordinates?	? Yes 🔀 No
	pendi	same as C above		H(b) Are all subordinates inc	cluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		f organization: 🚺 Corporation Trust Association Other	L Year	of formation: 2000 M	I State of legal domicile: ME
Pa	art I	Summary			
d)	1	Briefly describe the organization's mission or most significant activities:			
ŭ		LIVES OF STUDENTS IN THE GUATEMALA CITY O	GARBAGE	E DUMP COMMUI	NITY BY
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	
ove	3			11	
ڻ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			10
VİTİ	6	Total number of volunteers (estimate if necessary)			20
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		3256647.	2238281.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		557319.	10445.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 3813966.	-1588.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1483793.	<u>2247138.</u> 1665230.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			-
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 570524.	<u> </u>
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	<u> </u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4.0	0.	U •
ä	b	Total fundraising expenses (Part IX, column (D), line 25) 4855		263449.	268123.
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2317766.	2454049.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1496200.	-206911.
	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ts or	200	Total consts (Davt X, line 16)		4982919.	4304330.
Net Assets (<u>7</u> 20	Total assets (Part X, line 16)		4982919.	135182.
let ⊱		Total liabilities (Part X, line 26)		4942194.	4169148.
	<u>] 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20			4109140.

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		Date	
	Jessica Britt, Preside	ent		
	Type or print name and title			
	Print/Type preparer's name Peter Montano	Preparer's signatur^	^{ate} 7/25/23	Check PTIN
Paid	Peter Montano	Peta Matar		self-employed P01200943
Preparer	Firm's name PGM LLC		Firm's	EIN 82-4812448
Use Only	Firm's address 319 Main Stre	et		
	Biddeford, ME	04005	Phone	no.(207) 415-5714
May the IF	RS discuss this return with the preparer sho	own above? See instructions		X Yes No
232001 12-13	3-22 LHA For Paperwork Reduction A	ct Notice, see the separate instructions.		Form 990 (2022)

See Schedule O for Organization Mission Statement Continuation

	n 990 (2022) Safe Passage 01-0532835 Page 2
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SAFE PASSAGE TRANSFORMS THE LIVES OF STUDENTS IN THE GUATEMALA CITY
	GARBAGE DUMP COMMUNITY BY PROVIDING 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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1780912. including grants of \$1665230.) (Revenue \$
	See Schedule O
	SAFE PASSAGE PROVIDES INNOVATIVE EDUCATIONAL PROGRAMS FOR CHILDREN OF
	FAMILIES WHO MAKE THEIR LIVING FROM THE GUATEMALA CITY DUMP AND
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	See Schedule O
	LOCATION: PROGRAM FACILITIES ARE LOCATED ON FIVE SITES IN THE DUMP
	COMMUNITY BETWEEN ZONES 3 AND 7 IN GUATEMALA CITY. THESE SITES INCLUDE
	THE EARLY CHILDHOOD EDUCATION CENTER WITH KITCHEN AND ATHLETIC
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$) See Schedule 0
	bee benedate 0
	ENGLISH-LANGUAGE INSTRUCTION AT ALL LEVELS, RECOGNIZING THE ADVANTAGES
	ENGLISH-LANGUAGE INSTRUCTION AT ALL LEVELS: RECOGNIZING THE ADVANTAGES
	THAT ENGLISH-LANGUAGE SPEAKERS HAVE IN THE JOB MARKET IN GUATEMALA, AND
	THAT ENGLISH-LANGUAGE SPEAKERS HAVE IN THE JOB MARKET IN GUATEMALA, AND TAKING ADVANTAGE OF A STRONG CADRE OF LOCAL AND INTERNATIONAL
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4d	THAT ENGLISH-LANGUAGE SPEAKERS HAVE IN THE JOB MARKET IN GUATEMALA, AND TAKING ADVANTAGE OF A STRONG CADRE OF LOCAL AND INTERNATIONAL VOLUNTEERS AS WELL AS CORPORATE PARTNERS, SAFE PASSAGE IS NOW PROVIDING
4d	THAT ENGLISH-LANGUAGE SPEAKERS HAVE IN THE JOB MARKET IN GUATEMALA, AND TAKING ADVANTAGE OF A STRONG CADRE OF LOCAL AND INTERNATIONAL VOLUNTEERS AS WELL AS CORPORATE PARTNERS, SAFE PASSAGE IS NOW PROVIDING Other program services (Describe on Schedule O.) (Revenue \$) (Revenue \$)
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			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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		<u></u>
8		8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
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			37
	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,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X
20a		20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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 Part IV
 Checklist of Required Schedules

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Part IV	Chec	klist 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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
254	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	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	200		
	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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	<u> </u>
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	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		х	
<u> </u>	Part V, line 1	34	~	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
D		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<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	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).	_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		1
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	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	7-		x
	to file Form 8282?	7c		<u></u>
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u></u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	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 10b			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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			1
	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, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
4-		4.		11		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>					
	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 O.			11			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•		v
~	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the				~		v
	of officers, directors, trustees, or key employees to a management company or other person?				3 4		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse				5 6		X
6 7-	Did the organization have members or stockholders?				6		
7a					7-		x
	more members of the governing body?				7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				-71.		x
~	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		0.	Х	
a	The governing body?				8a	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 reach				•		x
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u> </u>		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)			V.	
40-	D'illie annuistis han bashabatan basabat an 100'ila				40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
					10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Detore	e filing the	form?	11a	~	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,			10-	v	
-	on Schedule O how this was done				12c	X X	
13	Did the organization have a written whistleblower policy?				13	X	
14 45	Did the organization have a written document retention and destruction policy?				14	~	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	iepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45 -	Х	
_	The organization's CEO, Executive Director, or top management official				15a	л	x
					15b		
	Other officers or key employees of the organization						
b	Other officers or key employees of the organization						
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a		10-		l v
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?	ent wi	th a		16a		X
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ent wi	th a articipatior		<u>16a</u>		X
b 16a	Other officers or key employees of the organization	ent wi its pa zation	th a articipatior 's	ſ			X
b 16a b	Other officers or key employees of the organization	ent wi its pa zation	th a articipatior 's	ſ	16a 16b		X
b 16a b	Other officers or key employees of the organization	ent wi its pa zation	th a articipatior 's	ר 	16b	0	
b 16a b Sec 17	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza- 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 <u>ME, MA, MI, NY, NC</u>	ent wi its pa zation	th a articipatior 's A , CO , I	n PA,DC,	16b		,FL
b 16a b Sec 17	Other officers or key employees of the organization	ent wi its pa zation	th a articipatior 's A , CO , I	n PA,DC,	16b		,FL
b 16a b Sec 17	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz 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 <u>ME, MA, MI, NY, NC</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	ent wi its pa zation <u>C</u> , <u>C</u> d 990-	th a articipatior 's A , CO , 1 T (section	n PA,DC,	16b		,FL
b 16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize 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	ent wi its pa zation <u>C , C2</u> d 990-	th a articipatior 's A , CO , 1 T (section hedule O)	P A , DC , 501(c)(3)s	16b , WA , only)	availal	,FL
b 16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? exempt status with respect to such arrangements? extinct C. Disclosure List the states with which a copy of this Form 990 is required to be filed	ent wi its pa zation <u>C , C2</u> d 990-	th a articipatior 's A , CO , 1 T (section hedule O)	P A , DC , 501(c)(3)s	16b , WA , only)	availal	,FL
b 16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? extend to the states with which a copy of this Form 990 is required to be filed ME , MA , MI , NY , NO Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 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 or statements available to the public during the tax year.	ent wi e its pa zation <u>C , C2</u> d 990- on Sc. flict o	th a articipation 's A , CO , I T (section hedule O) f interest p	P A , DC , 501(c)(3)s	16b , WA , only)	availal	,FL
b 16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? extinct C. Disclosure List the states with which a copy of this Form 990 is required to be filed ME, MA, MI, NY, NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 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 of the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book	ent wi e its pa zation <u>C , C2</u> d 990- on Sc. flict o	th a articipation 's A , CO , I T (section hedule O) f interest p	P A , DC , 501(c)(3)s	16b , WA , only)	availal	,FL
b 16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize 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 <u>ME, MA, MI, NY, NC</u> . Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 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 of Describe on Schedule O whether (and if so, how) the organization made its governing documents, con statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book Barbara Davis - 207-846-1188	ent wi e its pa zation <u>C , C2</u> d 990- on Sc. flict o	th a articipation 's A , CO , I T (section hedule O) f interest p	P A , DC , 501(c)(3)s	16b , WA , only)	availal	,FL
b 16a b 3ec 17 18 19 20	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? extinct C. Disclosure List the states with which a copy of this Form 990 is required to be filed ME, MA, MI, NY, NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 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 of the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book	ent wi e its pa zation <u>C , C2</u> d 990- on Sc. flict o	th a articipation 's A , CO , I T (section hedule O) f interest p	P A , DC , 501(c)(3)s	16b , WA , only) financ	availal	, FL

Form 990 (20	Safe Passage	01-0532835	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year endin	g with or within the organization'	s tax year.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss pei	more rson i	than o s both pr/trus	ı an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Thomas Holland III Executive Director	20.00			x				115480.	0.	0.
(2) Alyson Welch	10.00									
Treasurer		х		x				0.	0.	0.
(3) Carolyn Johnson	2.00	x						0.	0.	0
Director (4) Douglas McAdams	2.00	~	-	-				0.	0.	0.
Director	2.00	x						0.	0.	0.
(5) Esther Brol	2.00									
Director		х						0.	0.	0.
(6) Jeff Katz	2.00									
Director		Х						0.	0.	0.
(7) Jessica Britt	20.00									
President		Х		Х				0.	0.	0.
(8) Juan Francisco Roldan	2.00									
Director		Х						0.	0.	0.
(9) Kolia OConnor	5.00									
Vice-President & Interim Secretary		Х		X				0.	0.	0.
(10) Matt Bucher	2.00								0	
Director		Х						0.	0.	0.
(11) Rebecca Martin- Evarts Director	2.00	x						0.	0.	0.
(12) Santiago Bolanos Torrebiate	2.00	~						0.	0.	0.
Director	2.00	х						0.	0.	0.
			-							
		-								
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Form 990 (2022)

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Form 990 (2022) Safe Pass	sage								01-0532	2835	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	hours per box			ss per	ition more son i) than c s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F Estim amou oth	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comper from organi and re organiz	the zation lated
								115480.	0		
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A	· · · · · · · · ·	· · · · · · · · ·	<u> </u>				0. 115480.	0 . 0 . 0 .	,	0.00.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Ye	1 s No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>										3	X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-	4	x
rendered to the organization? <i>If</i> "Yes," corr Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	bers	on .				5	X
 Complete this table for your five highest co the organization. Report compensation for 										ation from	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensa	tion
2 Total number of independent contractors (in \$100,000, of componentian from the organi	•	ot lin	nitec	l to 1	thos		ted	above) who received me	ore than		
\$100,000 of compensation from the organi:					Ľ	,				Form 99	0 (2022)

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				fe Pass	age				01-0532	835 Page 9
Pa	rt V	/	Statement of Re	evenue						
			Check if Schedule O	contains a rea	sponse	or note to any lin		(2)		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns	1	a					
Contributions, Gifts, Grants and Other Similar Amounts					b					
s, G		с	Fundraising events	1	c	20688.				
Gift: Iar /		d	Related organizations	1	d					
ns, (imi			Government grants (contr		e					
itior er S		f	All other contributions, gifts,			0018500				
otho			similar amounts not included		f	2217593.				
ont		-	Noncash contributions included in	_	g \$		2238281.			
<u>0</u> a		n	Total. Add lines 1a-1f	<u></u>		Business Code	2230201.			
	2	a				Business Code				
Program Service Revenue	2	a b								
Ser		c								
am eve		d								
ogr		е								
Ъ		f	All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (inclue				CO1CA			C01C4
							60164.			60164.
	4		Income from investment o	-	-					
	5		Royalties		Real	(ii) Personal				
	6	~	Gross rents	6a	icai					
			Less: rental expenses	6b						
		č	Rental income or (loss)	6c						
			Net rental income or (loss	· · · · ·						
			Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory	7a 2638	122.					
		b	Less: cost or other basis							
venue			and sales expenses							
			Gain or (loss)				40710			40710
r Re			Net gain or (loss)				-49719.			-49719.
Other Re	8	а	Gross income from fundraisi including \$ 2	20688. c	of					
			contributions reported on Part IV, line 18	-		2269.				
		h	Less: direct expenses							
			Net income or (loss) from				-1588.			-1588.
			Gross income from gamir							
			Part IV, line 19	-						
		b	Less: direct expenses							
		с	Net income or (loss) from	gaming activ	ities					
	10	а	Gross sales of inventory,							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from	sales of inver	ntory	Business Code				
sn	11	2				Dusiness Coue				
neo Tue		a b								
ella wer		c								
Miscellaneous Revenue			All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				2247138.	0.	0.	8857.
23200	9 12-	13-								Form 990 (2022)

Form 990 (2022) Safe Passage
Part IX Statement of Functional Expenses

	Check if Schedule O contains a response			<u>(0)</u>	
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign	1665000	1665000		
	dividuals. See Part IV, lines 15 and 16	1665230.	1665230.		
	enefits paid to or for members				
	ompensation of current officers, directors,	115470	22740	20 (21	C 2 1 0 0
	ustees, and key employees	115479.	23740.	28631.	63108
	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	319575.	65698.	79233.	174644
	her salaries and wages	519575.	.02090.	19233.	1/4044
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)	51134.	10512.	12678.	27944
	her employee benefits	34508.	7094.	8556.	18858
	ayroll taxes	54500.	/094.	0000.	10000
	ees for services (nonemployees):				
	anagement	6110.		6110.	
	gal	9500.		9500.	
		9500.		9500.	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
-	ther. (If line 11g amount exceeds 10% of line 25,	63730.		4803.	58927
	lumn (A), amount, list line 11g expenses on Sch O.)	03730.		4003.	50921
	dvertising and promotion	78333.	5167.	4949.	68217
	fice expenses	10333.	5107.	4949.	00217
	formation technology				
	oyalties	22098.		4868.	17230
		26913.	1398.	6712.	18803
		20913.	1390.	0/12.	10003
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	onferences, conventions, and meetings				
-					
	ayments to affiliates	739.		739.	
	epreciation, depletion, and amortization	16783.		14639.	2144
	surance	10705.		14055.	2111
abo line	vove. (List miscellaneous expenses not covered e 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	ANK FEES	16191.		664.	15527
	ISCELLANEOUS	8712.	2013.	1557.	5142
	QUIPMENT	6814.	20131	1791.	5023
	UNDRAISING AND DONOR S	5603.			5603
	other expenses	6597.	60.	2167.	4370
	tal functional expenses. Add lines 1 through 24e	2454049.	1780912.	187597.	485540
	int costs. Complete this line only if the organization	21310170	1,009120	107357•	
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

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	990 (2 t X	2022) Safe Passage Balance Sheet				01-0)532835 Page 11
		Check if Schedule O contains a response or not	e to anv li	ine in this Part X			
			<u></u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1482804.	1	1346001.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			252585.	3	164496.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or				-	
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali				_	
	-	under section 4958(f)(1)), and persons described				6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				12641.	9	9369
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25249.			
	h	Less: accumulated depreciation		21840.	1282.	10c	3409
	11	Investments - publicly traded securities	3233607.	11	2687841		
	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	0.	15	93214		
	16	Total assets. Add lines 1 through 15 (must equ			4982919.	16	4304330
	17	Accounts payable and accrued expenses			40725.	17	41968
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
ties		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the				22	
Lia	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					
	_0	parties, and other liabilities not included on lines					
		of Schedule D	-		0.	25	93214
	26	Total liabilities. Add lines 17 through 25			40725.	26	135182
		Organizations that follow FASB ASC 958, che		X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				2544059.	27	1911165.
Bala	28				2398135.	28	2257983
Ιpι		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4942194.	32	4169148.
z	33	Total liabilities and net assets/fund balances			4982919.	33	4304330.

Form **990** (2022)

Form	1 990 (2022) 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	224		
2	Total expenses (must equal Part IX, column (A), line 25)	2	245		
3	Revenue less expenses. Subtract line 2 from line 1	3)69:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		121	
5	Net unrealized gains (losses) on investments	5	-56	5612	27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-	<u>-8.</u>
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	416	5914	<u>48.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		
				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				
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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2022)

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
2022
Open to Public Inspection

Nan	e of t	the organization	_						identification number		
			Passage						1-0532835		
Pa		Reason for Public (ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	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		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	eor		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section !	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type or	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting		
	_	organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing		
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	-								
С		Type III functionally inte						ly integrate	ed with,		
		its supported organizatio									
d		Type III non-functionally						-			
		that is not functionally int			•		-	an attentiv	veness		
		requirement (see instruct	-	-							
е		Check this box if the orga					Type I, Type	II, Type III			
	E	functionally integrated, or	51	nally integrated supporti	ng organiz	ation.					
		er the number of supported on vide the following information	•								
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	-	support (see instructions)		
				above (see instructions))							
Tota											

Schedule A	Form	aan	2023
Schedule A		ອອບ)	2024

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

(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.)

Se										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1678544.	1817597.	1148480.	3260981.	2238281.	<u>10143883.</u>			
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	1680544	1010500	1110100	2060001	000001	1 0 1 4 0 0 0 0			
4	Total. Add lines 1 through 3	1678544.	1817597.	1148480.	3260981.	2238281.	10143883.			
5	•									
	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,						45060			
	column (f)						45869.			
	Public support. Subtract line 5 from line 4. ction B. Total Support						10098014.			
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	(f) Tabal			
	ndar year (or fiscal year beginning in)	(a) 2018 1678544.	(b)2019 1817597.	(c) 2020 1148480.	(d)2021 3260981.	(e) 2022	(f) Total 10143883.			
	Amounts from line 4	10/0344.	101/39/.	1140400.	5200901.	2230201.	10143003.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	66723.	63052.	43625.	64347.	60164.	297911.			
•	and income from similar sources Net income from unrelated business	00723.	03032.	43023.	04547.	00104.	297911.			
9										
	activities, whether or not the									
10	business is regularly carried on Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						10441794.			
	Gross receipts from related activities,	etc. (see instructio	ns)			12				
	First 5 years. If the Form 990 is for th		,							
	organization, check this box and sto									
Se	ction C. Computation of Publi									
	Public support percentage for 2022 (I			olumn (f))		14	96.71 %			
	Public support percentage from 2021		-			15	96.52 %			
	33 1/3% support test - 2022. If the o					ore, check this bo				
	stop here. The organization qualifies						V			
k	stop here. The organization qualifies as a publicly supported organization Image: Comparison of the organization (Image: Comparison of the organization of the o									
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation						
17a	and stop here. The organization qualifies as a publicly supported organization									
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part '	VI how the organiz	ation			
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization					
k	0 10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s			
						Cabadula A	(Form 990) 2022			

Schedule A (Form 990) 20

232022 12-09-22

Schedule A	(Form	990) 202
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	. (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						
0	are not an unrelated trade or bus-						
	incon under postion 512						
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 disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			-		-	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
	Amounts from line 6				_		
10a	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	nization,
	check this box and stop here	<u></u>					
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17 _			18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
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 in	structions	
23202	3 12-09-22			_		Sched	lule A (Form 990) 2022
			16	5			

1

2

Yes No

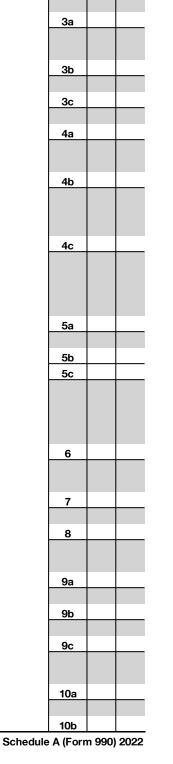
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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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	(Form 990) 2022		Passage
Part IV	Supporting Org	anizations ((continued)

1

2

V. N

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported 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.
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
 No

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

see instructions).
see

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

с	The organization supported a g	overnmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
•			

- 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.*

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 Safe Passage	(01-0532835 Page 6		
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi			
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			·	
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	d Type III supporting orga	anization (see	

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

d Excess from 2021 e Excess from 2022

 Schedule A (Form 990) 2022
 Safe Passage

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

 Section D
 Distributions

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	Safe	Passage	01-0532835 Pa	age 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. , 2, 3b, 3c, lines 2 and	Provide the explanations required by Part II, line 1 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; V, Section E, lines 2, 5, and 6. Also complete this	0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V	
	(See instructions.)				
232028 12-09-2	2			Schedule A (Form 990)	2022
			21		,

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



Department of the Treasury Internal Revenue Service

ame of the organization	
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Nam	e of the organization Safe Passage		Employer identification number 01-0532835
Par		t Funds or Other Similar Funds or	
1 41	organization answered "Yes" on Form 990, Part IV, line		
		(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 v	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		•
	for charitable purposes and not for the benefit of the donor or		
D.	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, 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)	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		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	fter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization 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	holds?	Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserva-	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	tement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
Dee	organization's accounting for conservation easements.	Aut Historical Transmission Other	
Par	t III Organizations Maintaining Collections of		r Similar 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		erance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	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 furthera	nce of 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		in, provide
	the following amounts required to be reported under FASB AS	-	
а	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. 232051 09-01-22

Schedule D (Form 990) 2022

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization accusation, and other records, check any of the following that make significant use of its continued in the organization accusation of the organization accusation of the organization accusation of the organization accusations of the organization accusation of the organization accusation of the organization accusation of the organization accusation of the organization accusation of the organization accusation of the organization accusation of the activation of the organization accusation of the organization accusation of the activation and activation accusation of the organization accusation of the activation and activation of the organization accusation of the activation and activation accusation of the activation and activation of the organization accusation of the activation and activation accusation accusation accusation accusation accusation accusation accusation accusation and activation activation activation activation activation activation activation activation activation activation activation activation activation activation activation activation activation activation activation and activation activatis activatis activatis activation activation activativation activat		dule D (Form 990) 2022 Safe Pa					01-05	3283	<u>5 Ра</u>	age 2
colection items (check all that apply): Colection items (check all that apply): Scholarly research Other	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similaı	r Assets	contin	<u>ued)</u>	
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	following that make	significant ι	use of its			
b Scholary research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X 2? No b If 'Yes', explain the arrangement in Part XIII and complete the tollowing table: Amount To c Beginning balance It It Id Id Id a Ib the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Point West Solar (I) (Provement XIII Provide the estimated parts aback. (e) Four years back. If 'Yes', 230758, 2730712, 2730758, 2730711, 2730758, 2730711, 2730758, 2730711, 2730758, 2730718, 2730714, 2712972, 2730758, 2730714, 2712972, 2730758, 2730714, 2712972, 2730758, 2730714, 2712972, 2730758, 2730714, 2712972, 2730758, 2730714, 2712972, 2730758, 2730714, 27										
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 solid 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 answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 18 Is the organization 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, line 24, line 24, sectore and Custodial Arrangement in Part XIII and complete the following table: Amount 6 Beginning balance Intel organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No 9 If Yes, "explain the arrangement in Part XIII. Check here II the explanation has been provided on Part XIII Intel organization Intel organization 2 Bottine organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No 9 If Yes, "explain the arrangement in Part XIII. Check here II the explanation has been provided on Part XIII Intel 0.0000 Intel 0.0000 Intel 0.0000 Intel 0.00000 Intel 0.00000 Intel 0.00000 Intel 0.00000 Intel 0	а		d							
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5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit to raise funds rather than to be maintained as part of the organization is collection? No. Part IV Escrow and Outstodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21. If a lis the organization angement in Part XIII and complete the following table: If a lis the organization angement in Part XIII and complete the following table: Amount It al. 1 1 the organization angement in Part XIII and complete the following table: Amount It al. It al. Amount 2 Biginning balance It al. It al. </td <td>С</td> <td>Preservation for future generations</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	С	Preservation for future generations								
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(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c <		(i) Unrelated organizations						3a(i)		Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 10530. 10530. 0. c Leasehold improvements 10530. 10530. 0. d Equipment 14719. 11310. 3409.								3a(ii)		Х
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b							3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipm	ient.							
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part 2	K, line 10.				
b Buildings 10530. 10530. 0. c Leasehold improvements 10530. 10530. 0. d Equipment 14719. 11310. 3409. e Other 0 0 0		Description of property		· · ·			ed	(d) Boo	k value	е
b Buildings 10530. 10530. 0. c Leasehold improvements 10530. 10530. 0. d Equipment 14719. 11310. 3409. e Other 0 0 0	1a	Land								
c Leasehold improvements 10530. 10530. 0. d Equipment 14719. 11310. 3409. e Other 0 0 0.										
d Equipment 14719. 11310. 3409. e Other	с									
e Other					14719.	1133	10.		34	09.
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 ≻	(<u>, column (B), line 1</u>	0c.)				34	09.

Schedule D (Form 990) 2022

16140725 152130 10220

Complete if the organization answered "Yes" c (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
	(2) 2001 10100		
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)	()		,
(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 answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(9)	15.)		
	15.)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		(b) Book value 76972 .
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Operating Lease Liability	on Form 990, Part IV, line		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Operating Lease Liability (3) Operating Lease Liability	on Form 990, Part IV, line		76972.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Operating Lease Liability	on Form 990, Part IV, line		76972.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Operating Lease Liability (3) Operating Lease Liability (4) (5)	on Form 990, Part IV, line		76972.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Operating Lease Liability (3) Operating Lease Liability (4) (5) (6)	on Form 990, Part IV, line		76972.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Operating Lease Liability (3) Operating Lease Liability (4) (5) (6) (7)	on Form 990, Part IV, line		76972.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Operating Lease Liability (3) Operating Lease Liability (4) (5) (6)	on Form 990, Part IV, line		76972.

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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 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		1
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	2c	
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	4a	
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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16140725 152130 10220

Schedule D (Form 990) 2022

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Statement of Activities Outside the United State

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 1

Attach to Form 990.

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

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,

X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America and the Caribbean -SEE SAFE PASSAGE MISSION Antigua & Barbuda, GRANTS TO SUPPORT CAMINO Aruba, Bahamas 1 100 SEGURO IN GUATEMALA STATEMENT 1665230. 1 100 1665230. 3 a Subtotal **b** Total from continuation 0 0 Ο. sheets to Part I Totals (add lines 3a С 1 100 1665230. and 3b)

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

Schedule F (Form 990) 2022

32 2022.04010 SAFE PASSAGE

s	OMB No. 1545-0047
6.	2022
	Open to Public
	Inspection

01-0532835

Employer identification number

No

Department of the Treasury Internal Revenue Service

Name of the organization

Safe Passage

Part I

SCHEDULE F (Form 990)

н

Form 990, Part IV, line 14b.

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)
		Guatemala City,	GRANTS TO SUPPORT CAMINO SEGURO IN GUATEMALA	1665230	ELECTRONIC FUNDS TRANSFER	0.		
				1003230.				
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	ecognized as charities by the f or counsel has provided a sect					1
	nization by the IRS, o	or for which the grantee	ecognized as charities by the f	ion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2022

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Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Safe Passage 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.

Schedule F (Form 990) 2022

01-0532835

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) 2022

Schedule F				Passage
Part V	Supple	mental	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.

232075 10-17-22	36	Schedule F (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							•
							entification number	
	Safe Pa						01-0532	
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	line 17	. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	vities.	Check all that apply.			
a X Mail solicitat					overnment grants			
b X Internet and	email solicitations	f X Solicita	tion of	gover	nment grants			
c X Phone solici	tations	g 🔀 Special	fundra	aising	events			
d 🛛 In-person so	licitations			Ū				
		r oral agreement with any individual	(includ	ling of	ficers, directors, trus	stees, (or	
key employees list	ed in Form 990, Pa	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		Ye	s 🗌 No
b If "Yes," list the 10) highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agree	ments under which t	he fun	draiser is to b	e
compensated at le	east \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser) (ii) Activity		have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
			103		-			
Totol			1	1				
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	l it is e	xempt from re	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) 2022

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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	(b) Event #2	(c) Other events None	ts greater than \$5,000. (d) Total events (add col. (a) through
			Virtual 5k (event type)	(event type)	(total number)	col. (c))
Ine				(event type)		
Revenue	1	Gross receipts	22957.			22957.
	2	Less: Contributions	20688.			20688.
	3	Gross income (line 1 minus line 2)	2269.			2269.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Exp	7	Food and beverages				
ā	~	Entertainment				
	8					
	9	Other direct expenses	3857.			3857.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	3857 • 9 in column (d)			3857.
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	3857 • 9 in column (d) ne 3, column (d)	·		3857.
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	3857 • 9 in column (d) ne 3, column (d)	·		3857.
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	3857 • 9 in column (d) ne 3, column (d)	·		3857. -1588. (d) Total gaming (add
Par	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	3857. 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	3857. -1588. (d) Total gaming (add
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	3857. 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	3857. -1588. (d) Total gaming (add
Pal	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	3857. 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	3857. -1588. (d) Total gaming (add
Parenne	9 10 11 rt I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	3857. 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	3857. -1588. (d) Total gaming (add
Parenne	9 10 <u>11</u> rt I 	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	3857. 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	3857. -1588.
Parenne	9 10 <u>11</u> rt I 	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	3857 . n 9 in column (d) answered "Yes" on Form (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	3857. -1588.
Direct Expenses Revenue a	9 10 <u>11</u> 1 2 3 4 5	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	3857. 9 in column (d) ine 3, column (d) answered "Yes" on Form	(b) Pull tabs/instant bingo/progressive bingo	reported more than	3857. -1588.
Direct Expenses Revenue a	9 10 <u>11</u> 1 2 3 4 5 6	Other direct expenses	3857. n 9 in column (d) answered "Yes" on Form (a) Bingo (a) Bingo Yes% No	b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	3857. -1588. (d) Total gaming (add col. (a) through col. (c))

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes **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) 2022

No

No

Sch	edule G (Form 990) 2022	Safe	Passage	01-05	53283	5 Page 3
11	Does the organization conduct ga	ming activi	ties with nonmembers?		Yes	No
12	c		rustee of a trust, or a member of a partnership or other entity formed		Yes	No
13	Indicate the percentage of gaming					
					13a	%
					13b	%
			ho prepares the organization's gaming/special events books and record			
	Name					
	Address					
15a	Does the organization have a cont	tract with a	third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gami of gaming revenue retained by the			ount		
c	If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Empl	oyee Independent contractor			
17	Mandatory distributions:					
а	e .	state law t	o make charitable distributions from the gaming proceeds to			
					Yes	No No
b	 Enter the amount of distributions i organization's own exempt activiti 	•	nder state law to be distributed to other exempt organizations or spent i he tax year \$	n the		
Pa	rt IV Supplemental Inform	mation.	Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part	III, lines 9	, 9b, 10b,
	150, 150, 16, and 170, as	applicable	. Also provide any additional information. See instructions.			
_						
2320	33 10-27-22			Schedu	e G (Forn	n 990) 2022

Schedule G	(Form 990)	Safe	Passage
Part IV	Supplement	al Information	(continued)

Schedule G (Form 990	

232084 04-01-22

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

22

ſ ΖU **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer	identification number
0	1-0532835

Safe Passage

Pa	rt I Types of Property				•			
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		0	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	nionai	nounts	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	153454.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29				<u> </u>
~~	5 · · · · · · · · · · · · · · · · · · ·						Yes	No
30a	During the year, did the organization receive b		• • • • •					
	must hold for at least 3 years from the date of							v
	exempt purposes for the entire holding period'	<i>?</i>				30a		<u>X</u>
	If "Yes," describe the arrangement in Part II.	a aliay that	auiroo the review	of any popotopoland contribut	iono?	0.1		х
31	Does the organization have a gift acceptance p	-		•	ions ?	31		<u> </u>
s∠a	Does the organization hire or use third parties contributions?		0			200		х
۲	contributions? If "Yes," describe in Part II.					32a		
D	ii res, describe in Part II.							

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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Part II	Supplement		ation - ···
	auuolemen	анногта	Drovida

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

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Safe Passage

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

PROVIDING 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:

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 NON-PROFIT ASSOCIATION.

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.

OUR HISTORY: BEGINNING IN 1999, HANLEY DENNING STARTED ENCOURAGING PARENTS WORKING IN THE GUATEMALA CITY DUMP TO ENROLL THEIR CHILDREN IN LOCAL SCHOOLS (WHICH IN GUATEMALA ARE HALF DAY - FOUR HOURS) AND THEN WOULD PROVIDE EDUCATIONAL REINFORCEMENT, HEALTH, FOOD AND NUTRITION SERVICES THE OTHER HALF OF THE DAY WHEN NOT AT SCHOOL: THIS WAS THE INITIAL PROGRAMMING OFFERED BY SAFE PASSAGE. A PRESCHOOL OFFICIALLY OPENED IN 2007. BY 2012, AS THE PROGRAM EVOLVED, THE BOARD OF DIRECTORS MADE THE DECISION TO BECOME A FULL-DAY, PRE-K THROUGH 9TH GRADE SCHOOL, ADDING A GRADE EACH YEAR. SAFE PASSAGE HAS SINCE EVOLVED INTO A COMPREHENSIVE EDUCATIONAL ORGANIZATION SERVING STUDENTS FROM AGE 3 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

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Name of the organization					Employer identification number		
		01-0532835					
HROUGH Z	AGE 20 (INCLUDI	NG A HALF I	DAY EDUCATIONA	L REINFORCE	MENT AND		

CLASS GRADUATED IN 2021.

STARTING IN 2015, THE GUIDING METHODOLOGY FOR THE FULL DAY PROGRAM (PRESCHOOL, PRIMARY AND MIDDLE SCHOOL) HAS BEEN EXPEDITIONARY LEARNING, A HANDS-ON, EXPERIENTIAL APPROACH TO LEARNING THAT HAS PROVEN TO BE VERY EFFECTIVE WITH HIGH-RISK CHILDREN AND YOUTH. EXPEDITIONARY LEARNING MOVES STUDENTS BEYOND THE CLASSROOM TO WORK TOGETHER IN UNDERTAKING PROJECTS IN "EXPEDITIONS" THAT INVOLVE INVESTIGATING ISSUES IN THEIR COMMUNITY IN WAYS THAT INCORPORATE SCIENCE, SOCIAL STUDIES, READING, 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 PRESENT THEIR WORK TO OTHERS AS PART OF A RIGOROUS ASSESSMENT PROCESS AND LEAD REGULAR CONFERENCES WITH THEIR PARENTS.

OUR MODEL CONSISTS OF ACTIVE AND ENGAGING SMALL GROUP INSTRUCTION FOR ALL STUDENTS. EXPEDITIONARY LEARNING ALSO PROMOTES A SCHOOL CULTURE ROOTED IN KINDNESS, RESPECT, RESPONSIBILITY, A SENSE OF ADVENTURE, AN ETHIC OF SERVICE, AND DESIRE FOR EXCELLENCE. "CREW" ADVISORY MEETINGS SUPPORT AND HOLD EACH OTHER ACCOUNTABLE. STUDENT CREWS ARE LED CONSISTENTLY BY THE SAME ADULT FOR 3-4 YEARS, PROVIDING MUCH-NEEDED STABILITY AND SUPPORT FOR WHAT OFTEN BECOMES A "SECOND FAMILY".

IN 2021, SAFE PASSAGE COMPLETED THE BSICO (MIDDLE SCHOOL) PROGRAM,

COMPLIMENTING OUR PRE-PRIMARY AND ELEMENTARY FULL DAY PROGRAMS. IN

2022, SAFE PASSAGE'S FIRST GRADUATING 9TH GRADE COHORT MOVED TO OUR
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2022.04010 SAFE PASSAGE

Schedule O (Form 990) 2022 Name of the organization Safe Passage	Page 2 Employer identification number 01-0532835
HIGH SCHOOL DIVERSIFICADO PROGRAM (HIGH SCHOOL) WHILE THEY	
ATTEND LOCAL SCHOOLS THAT OPERATE HALF-DAY PROGRAMS. THE H	ALF DAY HIGH
SCHOOL PROGRAM IS CALLED "OPORTUNIDADES." THIS PROGRAM PRO	VIDES
STRUCTURED CLASSES IN ENGLISH AND COMPUTER LITERACY, TUTOR	ING, AND
PROVIDES SUPPORT THROUGH SOCIAL WORK, PSYCHOLOGY AND NUTRI	TION.
STUDENTS ALSO RECEIVE INTERNSHIP AND JOB PLACEMENT COUNSEL	ING, DEVELOP
CONNECTIONS WITH LOCAL BUSINESSES, ATTAIN VOCATIONAL TRAIN	ING AND FOR
THOSE PURSUING HIGHER EDUCATION, RECEIVE COLLEGE COUNSELIN	G
AS PART OF AN INTEGRATED, HOLISTIC APPROACH TO EDUCATION A REDUCTION, SAFE PASSAGE ALSO RECOGNIZES THAT FACTORS BEYON	
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 PROVIDE SERVICES TO STUDENTS AND FAMILIES. THE FAM	ILY NURTURING
PROGRAM TRAINS PARENTS TO DISCIPLINE WITHOUT VIOLENCE AND	BUILD
POSITIVE FAMILY RELATIONSHIPS.	
PROGRAM PARTICIPATION: CURRENTLY THE EDUCATIONAL PROGRAM S	UPPORTS AN
AVERAGE OF 560 STUDENTS FROM PRESCHOOL THROUGH HIGH SCHOOL	. SAFE
PASSAGE ALSO PROVIDES VARIOUS SERVICES TO OTHER FAMILY MEM	BERS (OVER
300 FAMILIES).	

Form 990, Part III, Line 4b, Program Service Accomplishments:
FACILITIES (FOR PRESCHOOL STUDENTS AGES 3 TO 6). THE PRIMARY SCHOOL
(FULL-DAY GRADES 1 TO 6, PLUS A LIBRARY, KITCHEN, AND LUNCHROOM). A
CONVERTED HOUSE AND WAREHOUSE THAT HOUSES AN ON-SITE HEALTH CLINIC, AND
232212 10-28-22 Schedule O (Form 990) 2022

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Name of the organization	Employer identification numbe
Safe Passage	01-0532835
ADMINISTRATIVE OFFICES. A LARGE NEW CENTER, BUILT IN 20)15 WITH HELP
FROM EMPLOYEES OF A LOCAL CALL CENTER ON A DONATED PARC	CEL OF LAND
ADJACENT TO THE ENTRANCE OF THE DUMP, FOR THE HIGH SCHO	OOL PROGRAM,
OPORTUNIDADES AND PROGRAMS IN CREATIVE ARTS, SPORTS, EN	IGLISH LANGUAGE,
WEEKEND AND EXTRACURRICULAR PROGRAMS. SAFE PASSAGE CURF	RENTLY RENTS
SPACE TO PARTNER ORGANIZATION, CREAMOS, SAFE PASSAGE AI	SO MATNUATNS A

STAFF: THE GUATEMALA PROGRAM EMPLOYS ABOUT 110 STAFF MEMBERS, ALMOST ALL GUATEMALAN NATIONALS, TO CARRY OUT PROGRAM OPERATIONS. PRIOR TO COVID, NUMEROUS INTERNATIONAL AND GUATEMALAN VOLUNTEERS (AVERAGING 20-25 AT ANY ONE TIME) WOULD LEND SUPPORT FOR TERMS RANGING FROM 5 WEEKS TO 3 YEARS. THESE PROGRAMS WILL RECOMMENCE DURING THE 2023 SCHOOL YEAR. SAFE PASSAGE'S U.S. OFFICE IN MAINE EMPLOYS 6 STAFF MEMBERS AND ENGAGES MANY LOCAL VOLUNTEERS.

FUNDRAISING AND SUPPORT OFFICE IN NEW GLOUCESTER, MAINE.

2022 PROGRAM ACCOMPLISHMENTS: PARTIAL REOPENING OF SCHOOLS FOLLOWING A TWO-YEAR GOVERNMENT-MANDATED CLOSURES, ENABLING STUDENTS TO RETURN ONE DAY PER WEEK IN PERSON, THEN TWO DAYS PER WEEK BY JULY. SAFE PASSAGE INTEGRATED HEALTH TEAMS WERE ABLE TO ASSESS AND EVALUATE ACADEMIC LEARNING LOSS AND PSYCHOSOCIAL HEALTH DEFICITS SUSTAINED BY DISTANCE LEARNING DURING THE TWO-YEAR PERIOD, TO BETTER PLAN FOR FULL-TIME RETURN IN 2023 TO IN-PERSON LEARNING.

SAFE PASSAGE PILOTED A NEW AGE 3 CLASSROOM, "GUARDERIA," RUNNING THE AGE DOWNWARD TO REACH CHILDREN YOUNGER AND TO ENROLL NEW FAMILIES. A SECOND CLASSROOM WOULD BE ADDED IN 2023. AGE 3 STUDENTS' SCALES DEMONSTRATED REMARKABLE DEVELOPMENT WITHIN THE FIRST SIX MONTHS OF THE 232212 10-28-22 Schedule O (Form 990) 2022

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Name of the organization	Employer identification number
Safe Passage	01-0532835
PILOT PROGRAM, BETTER PREPARING THEM FOR PRESCHOOL (AGE 4	+). THE
EARLIER STUDENTS ARE ENGAGED IN THE IMMERSIVE PRESCHOOL L	EARNING
ENVIRONMENT, WITH NUTRITIOUS MEALS, AND INTEGRATED HEALTH	SERVICES, AS
WELL AS THE FAMILY NURTURING PROGRAM WHICH ENGAGES ALL PA	RENTS IN
PARENTING CLASSES, AND ARE MORE LIKELY TO EXPERIENCE ACAD	

IN LATER YEARS.

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, TECHNOLOGY OR IN SOME CASES EVEN ELECTRICITY IN THE HOMES OF OUR STUDENTS, EDUCATIONAL 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 INSTRUCTION. 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. A PARTIAL HYBRID RETURN TO IN-PERSON LEARNING WAS PERMITTED IN 2022 AND A RETURN TO FULL-TIME IN-PERSON LEARNING WAS PERMITTED IN 2023. OUR EDUCATION AND INTEGRATED HEALTH SERVICES TEAMS WERE FULLY PREPARED AND HAVE IMPLEMENTED A WHOLE SCHOOL LEARNING LOSS AND PSYCHOSOCIAL HEALTH RECOVERY PROGRAM TO HELP STUDENTS CATCH UP ACADEMICALLY AND IN HEALTH AND WELLNESS.

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Schedule O (Form 990) 2022	Page 2
Name of the organization Safe Passage	Employer identification number $01 - 0532835$
INCREASED ACCESS TO TECHNOLOGY: SAFE PASSAGE HAS CONTINUED	то
PRIORITIZE IMPROVING ACCESS TO COMPUTERS, TECHNOLOGICAL CU	RRICULUM AND
INTERNATIONAL WEB BASED EDUCATIONAL PROGRAMS. IN 2022, IN	A HYBRID
LEARNING MODEL, 20 MORE LAPTOPS WERE ADDED TO OUR EXISTING	CATALOG OF
60 LAPTOPS AND 40 TABLETS FOR STUDENTS FOR PART-TIME USE A	T SCHOOL.
THESE ALLOW FOR AN INDIVIDUALIZED LEARNING PROGRAM ALLOWIN	G EACH
STUDENT TO FOCUS ON THEIR AREAS OF SPECIFIC NEED. TECHNOLO	GY HAS BEEN
AN INVALUABLE RESOURCE FOR LEARNING, IMPLEMENTING THE ENGL	ISH LITERACY
PROGRAM, AS WELL AS SUPPORTING ACCELERATED LEARNING PROGRA	MS AS PART OF
THE LEARNING LOSS AND RECOVERY PROGRAM.	

NUTRITION, MEDICINE AND COUNSELING: SAFE PASSAGE CONTINUES TO RESPOND TO DEFICITS IN HEALTH AND LEARNING THAT STUDENTS SUSTAINED DUE TO A TWO-YEAR GOVERNMENT-MANDATED SCHOOL CLOSURE. IN 2022, A HYBRID, PART-TIME IN-PERSON LEARNING MODEL WAS PERMITTED BY THE MINISTRY OF EDUCATION, WHICH ENABLED INTEGRATED HEALTH SERVICES TEAMS TO EVALUATE AND BEGIN ADDRESSING PRIMARY HEALTH NEEDS, AND ALSO PSYCHOSOCIAL NEEDS FOR STUDENTS IN NEED OF INTERVENTION.

Form 990, Part III, Line 4c, Program Service Accomplishments: ENGLISH LANGUAGE INSTRUCTION FROM AGE 3 THROUGH HIGH SCHOOL, USING INTERACTIVE METHODS CONSISTENT WITH SAFE PASSAGE'S EDUCATIONAL PEDAGOGY. IN 2021, SAFE PASSAGE REFORMED ITS ENTIRE ENGLISH INSTRUCTION CURRICULUM AND PROGRAM TO EMBED ENGLISH LANGUAGE LEARNING ACROSS ALL DISCIPLINES AND LEVELS, WHILE ALIGNING BEST PRACTICES AND DESIRED LEARNING OUTCOMES. WITH THE NEW CURRICULUM AND PROGRAM DESIGN COMPLETED IN 2021, AND UNDER CONTINUED GUIDANCE OF THE DIRECTOR OF EDUCATION, THIS VITAL PROGRAM WAS REFINED AND IMPLEMENTED IN 2022 BY Schedule O (Form 990) 2022 232212 10-28-22 48 2022.04010 SAFE PASSAGE

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Name of the organization	Employer identification number
Safe Passage	01-0532835

OUR NEW DIRECTOR OF VOLUNTEERING/ENGLISH DEPARTMENT LEAD.

NEW FACILITIES AND PLAYGROUND: GIVEN PAST CHALLENGES WITH SECURING THE NEEDED SPACE FOR STUDENT PLAY AND PHYSICAL LEARNING, BETWEEN 2020 AND 2022, SAFE PASSAGE CONSTRUCTED A PLAYGROUND FOR OUR ELEMENTARY SCHOOL, WHICH WILL NOW PRECLUDE TRANSPORTATION OF STUDENTS TO OUR PRE-PRIMARY FACILITY FOR THEIR PHYSICAL EDUCATION PROGRAMMING. 2022 MARKED COMPLETION OF THE ROPES COURT WITHIN THE PLAYGROUND AND A GARDEN LEARNING CENTER. THIS WILL ENABLE MORE PLAY TIME AND OUTDOOR LEARNING OPPORTUNITIES 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, VIOLENCE AND CRIME. IN 2022, WE WERE BETTER ABLE TO ACCOMMODATE THE GROWING NUMBER OF STUDENTS WITH ADDITIONAL CLASSROOMS AND PLAY AREAS FOR OLDER ELEMENTARY STUDENTS ADJACENT TO THE EXISTING NEW YOUNGER STUDENT PLAYGROUND. THE NEW STEM LAB AND UPGRADED COMPUTER LAB WERE ALSO READY FOR STUDENTS RETURN.

NEW MIDDLE SCHOOL BUILDING AND COMPLEX (BASICO): WITH THE ADDITION OF
GRADES 7 THROUGH 9, STUDENTS ARE UTILIZING EXISTING SPACE IN OUR
PRIMARY FACILITY. GIVEN ISSUES OF SPACE AND INSTRUCTIONAL
EFFECTIVENESS, SAFE PASSAGE RAISED THE REQUISITE FUNDS IN 2021 FOR A
NEW MIDDLE SCHOOL CAMPUS AND COMMUNITY COMPLEX, THE CONSTRUCTION OF
WHICH IS SCHEDULED TO START IN 2023, WITH COMPLETION AND OPENING TO
STUDENTS IN 2024.

Form 990, Part VI, Section B, line 11b:

 THE
 990
 TAX
 RETURN
 IS
 REVIEWED
 BY
 MANAGEMENT
 AND
 THE
 TREASURER
 OF
 THE

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 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022							Page 2					
Name of the organization Safe Passage								Employer identification number 01-0532835		er		
ORGANIZATION.	тне	RETURN	τs	PROVIDED	тО	тне	BOARD	OF	DIRECTORS	FOR	COMMENT	

AND REVIEW.

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

THERE IS AN ANNUAL FORM TO FILL OUT FOR EMPLOYEES.

Form 990, Part VI, Section B, Line 15a:

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

<u>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</u> RI, TN, UT, WI, VA

Form 990, Part VI, Section C, Line 18: SAFE PASSAGE IS AN INTERNATIONAL ORGANIZATION, AND THE IRS 990 ONLY REFLECTS FINANCING FOR U.S.-BASED ACTIVITY. TO GET A TRUE UNDERSTANDING OF OUR COMPLETE FINANCIAL PICTURE, PLEASE REFER TO OUR COMBINED FINANCIAL REPORT, AVAILABLE ON OUR WEBSITE (WWW.SAFEPASSAGE.ORG/ FINANCIALS) AND UPON REQUEST

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.
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Schedule O (Form 990) 2022

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.

Department of the Treasury Internal Revenue Service Name of the organization

Safe Passage

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CAMINO SEGURO							
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) 2022

2022 Open to Public Inspection

Employer identification number

01-0532835

SCHEDULE R
(F

(Form 990)

Schedule R (Form 990) 2022 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	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule		or Percentage ^{ng} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

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	(i) Section 512(b)(13) controlled entity?	
		country)						Yes	No
									1
									1
									1
									1
									1
									1
									1
									1
									1
									1
									1

Schedule R (Form 990) 2022 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	;
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)			
n 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)			_
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	1665230.	
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 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 se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

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

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Schedule R (Form 990) 2022