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.



B CName of organization D Employer identification number Safe Passage Oing business as 001-0532835 Doing business as Number of street (of P.0. box if mail is not delivered to street address) Room/suite E Telephone number Particular 49 Parm View Road 302 C orosenage 3225730. Number of street or province, country, and ZIP or foreign postal code G orosenage 3225730. New Gloucester, ME 04260 Fname and address of principal officer. Cessica Britt For an address of principal officer. Cessica Britt Summary Form of organization? X Corporation Vebsite: WWW s86(2 Corporation Form of organization? New State fleage domicile. ME Part II Summary Exception number Hc) Group exemption number 1 Dirtely describe the organization's mission or most significant activities. Safe Passage transforms the 11 1 Dirtely describe the organization's mission or most significant activities. Safe Passage transforms the 11 1 Dirtely describe the organization's mission or most significant activities. Safe Passage transforms the 11 1 Number of independent voting members of the governing body (Part VI, line 1a) 14 11 <th>A</th> <th>For th</th> <th>e 2023 calendar year, or tax year beginning and</th> <th>ending</th> <th></th> <th></th>	A	For th	e 2023 calendar year, or tax year beginning and	ending		
Description Doing business as 01-0532835 Number and street (or P.0, box if mail is not delivered to street address) Room/suite E Telephone number 49 Farm View Road 302 207-846-1188 2925730. Amended Same and address of pericipal officer. Jessica Britt G. Grassreseptis5 2925730. Image: Status IX Solito(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J Website: WW.SafepasSage.org H(b) Are at adacdress recuest? Yes No J Briefly describe the organization's mission or most significant activities: Safe Passage transforms the H(b) Are at adacdress recuest. Solito(3) Solito(3	B	Check if applicab	C Name of organization		D Employer identific	ation number
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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		
Here	Jessica Britt, President						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signatur	0	Date	Check	PTIN	
Paid	Peter Montano	Peta	Matar	8/5/24	self-employed	P0120094	13
Preparer	Firm's name PGM LLC				Firm's EIN 82	-4812448	
Use Only	Firm's address 319 Main Street						
	Biddeford, ME 040	05			Phone no. (20'	7) 415-57	/14
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332	2001 12-21-23			Form 990	(2023)

See Schedule O for Organization Mission Statement Continuation

32002	2 12-21-23 See Schedule O for Conti	
4e	Total program service expenses 1810859.	Form 990
	(Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)	
	See Schedule O	, , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4a	(Code:) (Expenses \$	(Revenue \$) (Revenue \$)
4-	revenue, if any, for each program service reported.	
4	Describe the organization's program service accomplishments for each of its three largest program service accomplishments fo	
	If "Yes," describe these changes on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pr	ogram services?Yes 🔀
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X
2	Did the organization undertake any significant program services during the year which were no	t listed on the
	quality of life, and pathways to a job with dignachieve a better future for themselves and their	
	garbage dump community by providing an excellent	t education, a higher
1	Briefly describe the organization's mission: Safe Passage transforms the lives of students in	n the Guatemala City
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	

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01-0532835	Page 3
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Form	990 (2023) Safe Passage 01-0532	2835	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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	4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- 21
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part X</i>	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 21
120		12a		х
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
00000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	A (2023)
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Yes No. 2 Did the organization report more than \$5,000 of grants or other assistance to or for demestic individuals on Part K, column (A), line 27, if 'Yes,' complete Schedule I, Part I, Both (A), line 34, or 5, shout compensation or the organization is current and forme offices, directors, trustees, key employee, and highest compensated employees? If 'Yes, 'complete Schedule I, Part I, Both (A), and the organization inverted may be a tax exempt bond save with an outbanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31. 2002? If 'Yes,' ansare line 22b through 24b and complete Schedule I, Part I, Wes, 'complete Schedule I, Part I, Wes, 'complete Schedule I, Part I, Wes, 'complete Schedule I, Part I, Both (C), No, 'po to line 32a	Pai	t IV Checklist of Required Schedules (continued)			
Part K, column (A), line 27, if "yes," complete Schedule (<i>Persi and II</i>) 22 X 21 Did the organization assert "visit of Part II). Schedule A, line 34, et al. 6, soluci compensation of the organization is current. 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 Desember 31, 20027 II "Yes," answer lines 244 more phy 244 and complete Schedule J. 24a X 24a Did the organization mixet any proceeds of tax-exempt bonds beyond a temporary period scenes benefit transaction mixet any access of tax-exempt bonds? 24d 24d 25a Schedule J (No, go to line access a scene)? 24d 24d 24d 25a Schedule J, Part I 25a 24d 24d 24d 25a Schedule J, Part I 25a 24d 25d 24d 25d 25a Schedule J, Part I 25a 24d 25a 25d				Yes	No
23 Did the organization asswer 'Yes' to Farl 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 pricipal amount of more than 5100,000 as of the last div of the year, that was issued after Decomber 31, 2002? If 'Yes, ' inserve lines 240 through 244 and complete Schedule K. If Yus, ' to priceded of tax-exempt bond's comparization maintain an escrew account other than a refunding secrew at any time during the year'. 24a X 25 Did the organization maintain an escrew account other than a refunding secrew at any time during the year'. 24d X 26 Section 50(45), 50(16(4), and 50(16(29) organization. Did the organization and the transpace in an excess benefit transaction have that guard in an excess benefit transaction have that guard the regraded in a excess benefit transaction have that guard the regraded in a excess benefit transaction have the guard to any of the organization grading between the organization any tax the regraded in a excess benefit transaction have the guard term and the substant to or former office, director, hustee, key employee, creator or founder, substantial contributor, or 35% controlled entry or family member of any of these parsacity. If "Yes," complete Schedule L, Part II 25b X 27 Did the organization approxemation have that guard between exceptions? If "Yes," complete Schedule L, Part II 26c X 28	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22 Did the organization arrwor "Yes" to Fart VII. Section A, line 3, 4, or 5, about compensated on ployees? If "Yes," complete Schedule J, Bert VII. Section A, line 3, 4, or 5, about compensated employees? If "Yes," complete Schedule J, W The organization to the state accumption bound is suce with an outsaturding principal arrower fines 24b through 24d and complete Schedule J, W The organization maintain an escrew account other than a notacount of more than \$100000 as of the base of the organization maintain an escrew account other than a networking secrew at any time during the year 1 defease any tax-secrem bonds? 24a X 2 bit the organization maintain an escrew account other than a networking secrew at any time during the year? 24d X 2 bit the organization maintain an escrew account other than a networking secrew at any time during the year? 24d X 2 bit secrems (2004). 5 (2004). 5 (2004). 5 (2004). 7 (2007). 2 bit the organization aware that it rengaged in an access benefit transaction with a display time during the year? 24d X 2 bit the organization aware that it rengaged in an access benefit transaction with a display time during the year? 24b X 2 bit the organization aware that it rengaged in an access benefit transaction. 25h X 2 bit the organization aware that it rengaged in an access benefit transaction. 26h X 2 bit the organization aware that it rengaged in an access benefit transacceshow than a otheta sectem the access the ac		Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III	22		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, ' complete Schedule I, and the ciganization have a tax exempt bonds beyond a temporary period exception? 24 24 Did the organization have a tax exempt bonds beyond a temporary period exception? 24 24 Did the organization mixes any proceeds of tax exempt bonds beyond a temporary period exception? 24 24 Did the organization mixes any nocecular of tax exempt bonds beyond a temporary period exception? 24 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization argae in an excess benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit to a former office, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these periods? If 'Yes,' complete Schedule L, Part IV. 26 X 25 Did the organization approve approve of transaction with on of the following parties? (See the Schedule L, Part IV. 28 X 26 Did the organization proves approve of transactind more than approve	23				
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24 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, if tak assisted after December 31, 2002? If "Yes," answer line 2.44 brough 2.44 and complete Schedule K. If "Ne," or to its 256. 24a X b Did the organization markst an anscrow account other than a refunding scrow at any time during the year to defease any tax-axampt bonds? 24b 24d 25a Section 501(c)(A), and 501(c)(A) and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person or payables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity of numity member of any of these persons? If "Yes," complete Schedule L, Part II. 25b X 270 Did the organization avaitable threed of raimly interberol, a cambia base priors? If "Yes," complete Schedule L, Part IV. 25b X 280 West organization error to a differ, director, trustes, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 25b X 280 West organization neeves more than			23		Х
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of including an employee three of or fain dry and y 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 a 33% controlled entity (including an employee) thereof of rain y of these persons? If 'Yes,' complete Schedule L, Part II. 26 X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28 X 29 DA family member of any individual described in line 28a' If 'Yes,' complete Schedule L, Part IV. 28a X 29 Dd the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I. 30 X 30 Dt the organization eceive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I. 31 X 31 Dt the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I. 30 X 32 Dt the organ	b				
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34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 98 X 38 X 9 Statements Regarding Other IRS Filings and Tax Compliance Yes Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 1b 0 0 Did the organization comply with backup withhold	55		22		x
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? <i>If "Yes," complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 90 Part V Statements Regarding Other IRS Filings and Tax Compliance 28 X 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 1b 0 0 1a Enter the number of F			34	x	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? 37 X 38 Did the organization complete Schedule O 28 X 27 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O 28 X 28 39 Note: All Form 990 filers are required to complete Schedule O 28 X 28 4 Fart V Statements Regarding Other IRS Filings and Tax Compliance 28 X 28 4 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 8 1b <	35 -				x
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Y Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 V b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 V c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	J		35h		
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? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O 38 X 99 Filers are required to complete Schedule O 38 X 98 Statements Regarding Other IRS Filings and Tax Compliance 38 X 99 Check if Schedule O contains a response or note to any line in this Part V Image: State and	36				
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O complete Schedule O 38 X 990 filers are required to complete Schedule O 38 X 941 V Statements Regarding Other IRS Filings and Tax Compliance 38 X 941 V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 0 Ves No b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 1b 0 1c X 931 Uthe organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c			36		х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- 30		
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check I is to prize winners?	07		37		x
Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Im	38		<u> </u>		
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0· if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V b Enter the number of Forms W-2G included on line 1a. Enter -0· if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check if Schedule O contains a response or note to any line in this Part V			38	x	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 1a 8 1a 8 1a	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
Yes No 1a 1a 8 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X					
1a 1a 8 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yee	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	1 -	Enter the number reported in box 3 of Form 1096. Enter $\Omega_{\rm e}$ if not applicable $ 1_{\rm e} $		169	110
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1		
(gambling) winnings to prize winners?					
	U	(applied) winnings to prize winners?	10	x	
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Safe Passage

Form 990 (2023)

332004 12-21-23

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Page 4

	990 (2023) Safe Passage 01-0532	835	P	_{age} 5
Par	TV 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 8			
h		2b		х
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year?	20 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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			I
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a L	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?	9a 9b		
ь 10	Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person?	90		
а	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			
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		<u> </u>
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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	_	X
4-	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		
0005-	If "Yes," complete Form 6069.	Form	990	(2023)
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332005 12-21-23

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			37
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
sec	ction A. Governing Body and Management			
4-	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
па		4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 11			
		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
~	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		x
	of officers, directors, trustees, or key employees to a management company or other person?	4	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	6		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_ .		
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
	The governing body?	8a	X	
-	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
Sec	List the states with which a copy of this Form 990 is required to be filedME, MA, MI, NY, NC, CA, CO, PA, DC	,WA	, СТ	<u>, FL</u>
		s only)	availa	ble
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)-	e e,,,		
17		e e,)		
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)-	c c,)		
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.		cial	
Sec 17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)		cial	
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3); for public inspection. Indicate how you made these available. Check all that apply. Image: Ima		cial	
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply. $\boxed{\mathbf{X}}$ Own website $\boxed{\mathbf{X}}$ Another's website $\boxed{\mathbf{X}}$ Upon request $$ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Barbara Davis - 207-846-1188		cial	
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3); for public inspection. Indicate how you made these available. Check all that apply. Image: Ima		cial	

Form 990 (20		01-0532835	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st 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 Complet	e this table for all persons required to be listed. Report compensation for the calendar year er	iding with or within the organization's	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)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a I	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	'ustee	l trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona		mploy	st cor iyee	L.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anerre
(1) Erin Mooney	10.00									
Executive Director	30.00			Х				66538.	0.	1428.
(2) Thomas Holland III	10.00									
Executive Director (Former)	30.00	1		X				60481.	Ο.	3100.
(3) Jessica Britt	10.00									
President		Х		Х				0.	0.	0.
(4) Kolia O'Connor	2.00									
Vice-Chair		Х		Х				0.	0.	0.
(5) Alyson Welch	2.00									
Treasurer & Interim Secretary		Х		X				0.	0.	0.
(6) Ana Chistina Rozas Botran	2.00									
Director		Х						0.	0.	0.
(7) Esther Brol	2.00									
Director		Х						0.	0.	0.
(8) Matt Bucher	2.00									
Director		Х						0.	0.	0.
(9) Carla Campbell	2.00									
Director		Х						0.	0.	0.
(10) Carolyn Johnson	2.00									-
Director		Х						0.	0.	0.
(11) Jeff Katz	2.00									•
Director		Х						0.	0.	0.
(12) Douglas McAdams	2.00								0	0
Director		X						0.	0.	0.
(13) Santiago Bolanos Torrebiarte	2.00								0	0
Director	2 00	Х						0.	0.	0.
(14) Matthew Verghese	2.00	v						0.	0.	0
Director (15) Christian Von Oppen	2 00	Х						0.	0.	0.
	2.00	x						0.	0.	0
Director (16) Camila Leal Witt	2.00	<u> </u>						0.	0.	0.
(16) Camila Leal Witt Director	2.00	x						0.	0.	0.
(17) Juan Francisco Roldan	2.00	^		<u> </u>	-			0.	0.	0.
Director	2.00	x						0.	0.	0.
	1	11		I	L				0.	Form 990 (2023)
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	990 (2023) Safe Pass									01-05	532	835	Р	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Posi heck i ss per	more rson i) than o s both pr/trus	ı an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount 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)	(W-2/1099-MIS 1099-NEC)	s	fr org an	om th om th anizat d relat	e tion ted
1b	Subtotal	<u> </u>	 	L		<u> </u>	<u> </u>		127019.		0.		45	28.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 127019.		0.		45	0. 28.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		4		X
Sec	rendered to the organization? <i>If</i> "Yes." corr tion B. Independent Contractors	plete Schedule	e J fo	or si	ich r	oers	on .					5		X
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensat	ion fro	om	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С) ompe		n
2	Total number of independent contractors (ii	ncluding but p	ot lin	niter		thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organia	•				(1103 (Form	990 (2023)

332008 12-21-23

	990 (2 t VII		e Pass venue	<u> </u>				01-0532	835 Pag
		Check if Schedule O o	contains a re	sponse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax undo sections 512 -
S	1 a	Federated campaigns	1	a					
and Other Similar Amounts		Membership dues		b					
mo M		Fundraising events		c	24186.				
ar A		Related organizations		d					
mi	е	Government grants (contr	ibutions)	e					
ŝ	f	All other contributions, gifts,	grants, and						
the		similar amounts not included	above 1	f	2094455.				
o p	g	Noncash contributions included in	lines 1a-1f	g \$	100584.				
an	h	Total. Add lines 1a-1f				2118641.			
					Business Code				
Revenue	2 a b c d e								
		All other program service	revenue						
		g Total. Add lines 2a-2f							
T	3	Investment income (including dividends, interest, and							
		other similar amounts)	-			86510.			8651
	4	Income from investment of							
	5	Royalties							
			(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses \dots	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of	6.64	urities	(ii) Other				
		assets other than inventory	7a 661	193.					
	b	Less: cost or other basis	- 703	676.					
	-	and sales expenses							
	с d	Gain or (loss) Net gain or (loss)				-42483.			-4248
		Gross income from fundraisin				12105:			1210
	0 4	including \$ 2	4186. c	f					
1		contributions reported on							
		Part IV, line 18			2069.				
	b				2186.				
		Net income or (loss) from		····		-117.			-11
	9 a	Gross income from gamin	g activities. S	See					
		Part IV, line 19		9a					
		Less: direct expenses							
		Net income or (loss) from		ities	·····				
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold			2				
+	с	Net income or (loss) from	sales of inve	itory	Business Code				
	11 -	MISCELLANEOUS			900099	57317.	57317.		
anc	n a b								
Revenue	c						1		
Be		All other revenue							
		Total. Add lines 11a-11d				57317.			
	-	Total revenue. See instruction				2219868.		0.	4391

Safe Passage Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 - 1 - 0 0 0	4 = 4 = 4 = 4		
	individuals. See Part IV, lines 15 and 16	1745000.	1745000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101540	1 4 2 0 0	2 6 0 1 1	01120
	trustees, and key employees	131548.	14392.	36017.	81139.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	264665	4000	00000	004205
7	Other salaries and wages	364665.	40675.	99603.	224387.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10000	1.500	11560	
9	Other employee benefits	42232.	4620.	11563.	26049.
10	Payroll taxes	39129.	4281.	10713.	24135.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	77460.		62578.	14882.
12	Advertising and promotion				
13	Office expenses	73140.	73.	5524.	67543.
14	Information technology	4329.		1571.	2758.
15	Royalties				
16	Occupancy	34339.		7564.	26775.
17	Travel	13735.	237.	4517.	8981.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	903.	84.	306.	513.
23	Insurance	17794.		15553.	2241.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BANK FEES	15404.	32.	645.	14727.
b	STAFF RECRUITMENT AND D	7645.	1465.	4184.	1996.
с	FUNDRAISING OUTREACH ST	7184.			7184.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2574507.	1810859.	260338.	503310.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

332010 12-21-23

if following SOP 98-2 (ASC 958-720)

Check here

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Form 990 (2023)

01-0532835 Page 11

	990 (2 rt X	2023) Safe Passage Balance Sheet				01-	0532835 Page 11
Par	τλ						
		Check if Schedule O contains a response or not	e to any	line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1346001.	1	1490270.
	2	Savings and temporary cash investments				2	11902700
	3	Pledges and grants receivable, net			164496.	3	117697
	4	Accounts receivable, net			1011000	4	11/05/1
	5	Loans and other receivables from any current or				4	
	5						
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	•			5	
	0	under section 4958(f)(1)), and persons described	-			6	
	7					7	
Assets		Notes and loans receivable, net				8	
Ass	8	Inventories for sale or use			9369.	0 9	14522
	9		 I I		5505.	9	14522
	IUa	Land, buildings, and equipment: cost or other	100	26393.			
	h	basis. Complete Part VI of Schedule D		20353.	3409.	10c	3650
	11	Less: accumulated depreciation			2687841.	11	2552506
	12	Investments - other securities. See Part IV, line 1			2007041.	12	25525000
	13	Investments - program-related. See Part IV, line				13	
						13	
	14	Intangible assets			93214.	14	76972
	15 16	Other assets. See Part IV, line 11			4304330.	16	4255617
	17	Accounts payable and accrued expenses			41968.	17	37792
	18	Grants payable			119000	18	57752
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I		(Oshashala D		21	
	22	Loans and other payables to any current or form				21	
ties	~~	trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the		F		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				27	
	20	parties, and other liabilities not included on lines					
		of O also alsola D			93214.	25	76972.
	26	Total liabilities. Add lines 17 through 25			135182.	26	114764
	20	Organizations that follow FASB ASC 958, che	ck hore	X	1001011	20	111/01
se		and complete lines 27, 28, 32, and 33.					
nc	27				1911165.	27	2452139
3ala	28	Net assets with donor restrictions			2257983.	28	1688714
Βpt		Organizations that do not follow FASB ASC 9					
Fur		and complete lines 29 through 33.	,				
ŗ	29	Capital stock or trust principal, or current funds		ľ		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			4169148.	32	4140853
2	33				4304330.	33	4255617.

Safe Passage

Form 990 (2023)

Form 990 (2023)

Form	990 (2023) Safe Passage	01-	-0532835	Pag	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	221		
2	Total expenses (must equal Part IX, column (A), line 25)	2	257		
3	Revenue less expenses. Subtract line 2 from line 1	3	-35		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	416		
5	Net unrealized gains (losses) on investments	5	32	2634	<u>44.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	414	085	53.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			····	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
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>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2023)

SCHEDULE A	١
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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
2023
Open to Public Inspection

nan		ne organization Cafo	Passage						1-0532835
Pa	nrt I	Reason for Public (Charity Status	(All organizations must c	omplete th	nie nart) S	ee instruction	0	T-0322032
		ization is not a private found						5.	
11e		A church, convention of ch					()(A)(i)		
2	H	A school described in secti					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	H	A hospital or a cooperative				(h)(1)(A)(ii	;;)		
4	\square	A medical research organiz						(iiii) Enter	the hospital's name
-		city, and state:		ijunotori witr a noopitar	acconsea		,		the hoopital o hame,
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C		loge of annerony entred	or operat				
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	· · · · · · · · · · · · · · · · · · ·	-					e general i	oublic described in
-		section 170(b)(1)(A)(vi). (C	-		sin a gore			general	
8	\square	A community trust describe		(1)(A)(vi). (Complete Par	: 11.)				
9	\square	An agricultural research org				ed in coniu	unction with a	land-orant	colleae
		or university or a non-land-g							
		university:		. , ,				•	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 5	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type or	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga			• • •	-			
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							al
С		J Type III functionally inte		•••				y integrate	a with,
		its supported organization		-				tad araani-	ration(a)
d		_ Type III non-functionally that is not functionally int		• •				-	
		requirement (see instructi			-		-	anallenin	101055
е		Check this box if the orga						I Type III	
Ŭ	·	functionally integrated, or						i, iype iii	
f	Ente	er the number of supported of		any meganea cappera					
g		vide the following informatior	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tet									
Tota	al								I

Schedule A	Form	aan	2022
Schedule A	FOILI	990	2023

Safe Passage

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1817597. 1148480. 3260981. 2238281. 2118641. 10583980. 2 Tax revenues levied for the organization without charge 1817597. 1148480. 3260981. 2238281. 2118641. 10583980. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1817597. 1148480. 3260981. 2238281. 2118641. 10583980. 5 The portion of total contributions by each person (other than a governmental unit or publicly support dorganization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1817597. 1148480. 3260981. 2238281. 2118641. 10583980. Section B. Total Support 2010 (c) 2021 (d) 2022 (e) 2023 (f) Total 1817597. 1148480. 3260981. 2238281. 2118641. 10583980. Section B. Total Support 3200981. 2238281. 2118641. 10583980. 6 and income from interest, dividends, payments received on securites lonany, rents, royatties, and income from unrela
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2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: spended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1817597.1148480.3260981.2238281.2118641.10583980. 4 Total. Add lines 1 through 3 1817597.1148480.3260981.2238281.2118641.10583980. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) 1817597.1148480.3260981.2238281.2118641.10583980. 6 Public support. Subtract line 5 from line 4. 96889888. Section B. Total Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (f) Total 1817597.1148480.3260981.2238281.2118641.10583980. 1817597.1148480.3260981.2238281.2118641.10583980. 9688988. Section B. Total Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 63052.43625.64347.60164.86510.317698. 317698. 63052.43625.64347.60164.86510.317698. 317698. 9 Net income from similar sources activities, whether or not the business activities, whether or not the business is regularly carried on cross from the sale of capital assets (Capita in Part V). 57317.57317.57317. 57317.57317. 10 Other income. Do not include gain or loss from the sale of capital assets (Capita in Pa
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: spended on its behalf 3 The value of services or facilities furmished by a governmental unit to the organization without charge 1817597.1148480.3260981.2238281.2118641.10583980. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1817597.1148480.3260981.2238281.2118641.10583980. 6 Public support. Subtract line 3 from line 4. 96889888. Section B. Total Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (f) Total 1817597.1148480.3260981.2238281.2118641.10583980. 1817597.1148480.3260981.2238281.2118641.10583980. 9688988. Section B. Total Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 863052.43625.64347.60164.86510.317698. 86510.317698. 317698. 9 Net income from similar sources activities, whether or not the business is regularly carried on rol roled gain or loss from the sale of capital assets (Cyptain in Part V). 57317.57317.57317. 10 Other income. Do not include gain or loss from the sale of capital assets (Cyptain in Part V). 10958995. 10958995.
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assets (Explain in Part VI.) 57317. 11 Total support. Add lines 7 through 10 10958995.
11 Total support. Add lines 7 through 10 10958995.
12 Gross receipts from related activities, etc. (see instructions)
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
organization, check this box and stop here
Section C. Computation of Public Support Percentage
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 88.41 9 14 0.6 71 14 14 14 14
15 Public support percentage from 2022 Schedule A, Part II, line 14
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and
stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

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Schedule A (Form	990) 2023
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Safe Passage

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-	•		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 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 the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
check this box and stop here	<u></u>					
Section C. Computation of Public	ic Support Per	centage				
15 Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	323 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che						tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
332023 12-21-23					Sched	lule A (Form 990) 2023
		16)			

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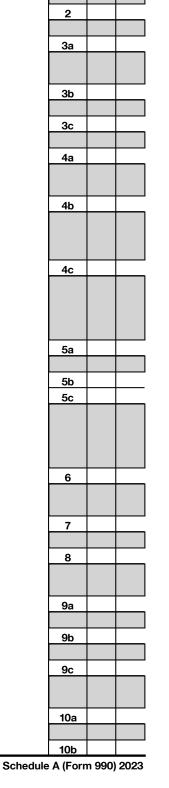
Part IV Supporting Organizations

(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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Sche	dule A (Form 990) 2023 Safe Passage (01-053283	5 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers, orted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		0		

supervised, or controlled the supporting organization.	

 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 organization 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 managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
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Sec	tion 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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1 (Check the box next to the method that the organization used to sa	isfy the Integral Part Test during the y	vear (see instructions).
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- 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.*

c		The organization supported a g	governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
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- 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) 2023

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18 2023.04000 SAFE PASSAGE

Sche	edule A (Form 990) 2023 Safe Passage		(01-0532835 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	ections A through E.	1
Sect	tion 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	tion 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-functiona	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

	dule A (Form 990) 2023 Safe Passage tt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu		1-0532835 Page 7
	ion D - Distributions			eu)	Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish exel	mot purposos		1	Guirent rea
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			-	
2	organizations, in excess of income from activity	i pulposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		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.	ie elgameatien le resperierre		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Safe Passage

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

Schedule A Part II Section A

2020 tax year was a short year, 6/30/20-12/31/2020.

Schedule A (Form 990) 2023

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Supplemental Financial Statements



No

No

No

Employer identification number 01-0532835

Held at the End of the Tax Year

•	n 990)	Part IV, line 6, 7, 8, 9, 10,	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		ZU Open t	Z3
	ment of the Treasury I Revenue Service		o for instructions and the latest information.		Inspection	
Nam	e of the organizati	on			r identificati	
		Safe Passage			<u>)1-0532</u>	
Par		-	d Funds or Other Similar Funds or A	ccounts.	Complete if	the
	organizatio	n answered "Yes" on Form 990, Part IV, line				
			(a) Donor advised funds	(b) Funds ar	nd other acco	unts
1	Total number at er	nd of year				
2	Aggregate value o	f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in v	vriting that the assets held in donor advised fur	nds		
	are the organization	on's property, subject to the organization's e	exclusive legal control?		Yes	
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring		
	impermissible priv				Yes	
Par	t II Conserv	ation Easements. Complete if the org	anization answered "Yes" on Form 990, Part IV	/, line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	n of land for public use (for example, recreat	tion or education)	torically impo	ortant land are	ea
		f natural habitat	Preservation of a cer	tified historic	structure	
	Preservation	n of open space				
2	•		ied conservation contribution in the form of a c			
	day of the tax year			Held	at the End of t	the Tax '
а				2a		
b				2b		
С			ucture included on line 2a	2c		
d		vation easements included on line 2c acqui	•			
				2d		
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	nization durin	g the tax	
	year					
4		where property subject to conservation eas				
5	•	tion have a written policy regarding the peri				
		orcement of the conservation easements it			Yes	
6	Staff and voluntee	r hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conservation	on easement	s during the	year

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

8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	N	lo
0	In Dart XIII, departing how the examination reports concernation eccements in its revenue and expense statement and		

	organization's accounting for conservation easements.
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
3	in an Ani, describe now the organization reports conservation easements in its revenue and expense statement and

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As	ssets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

10250717 152130 10220

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Sche	dule D (Form 990) 2023 Safe Pa					01-05	32835	5 Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar	^r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant u	ise of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simil	ar assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		e if the organizatior	answered "Yes" of	n Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custodi	•					٦	_	٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:				A		
							Amount	[
	Beginning balance								
	Additions during the year								
e 4	e Distributions during the year 1e f Ending balance 1f								
20	Did the organization include an amount on Fe				····		Yes		No
	If "Yes," explain the arrangement in Part XIII.		-			∟] INO
Par									
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	vears	back
1a	Beginning of year balance	2687841.	3233607.	2991176		712972.	273075		
b	Contributions		9554.				1		
c	Net investment earnings, gains, and losses	370793.	-555320.	327431		358204.		62	212.
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs	506128.		85000		80000.		80	000.
f	Administrative expenses								
g	End of year balance	2552506.	2687841.	3233607	. 2	991176.		2712	970.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	-	_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	d administered for	the		-		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		Х
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		ment funds.						
Par	t VI Land, Buildings, and Equipm		Devit IV / line 11e O		V line 10				
	Complete if the organization answere								
	Description of property	(a) Cost or ot	• • •		Accumulate	ed	(d) Bool	k valu	е
	L en el	basis (investm	ent) basis		lepreciation				
-	Land								
b	Buildings			10530.	1053				0.
	Leasehold improvements			15863.	1221			36	<u> </u>
	Equipment				144	<u> </u>		503	50.
	Other							36	50.
Total	. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990. Part X	, iine 10c, column	(B))	<u></u> ,		D (Eerro		
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10250717 152130 10220

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990. Part X. line 15. co. Part X Other Liabilities	<u>I. (В))</u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X li	ne 25
			(b) Book value
······································			(b) BOOK value
(1) Federal income taxes (2) Operating Lease Liability	_ T.T		59240
			17732
	- 51		
<u>(4)</u>			
(5)			
(6)			
(7)			
(7) (8)			
(7)			76972

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

10250717 152130 10220

Schedule D (Form 990) 2023

Safe Passage

Sche	dule D (Form 990) 2023 Safe Passage		01-0532835 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
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	rt XII Reconciliation of Expenses per Audited Financial Sta		nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses	2c	
d			
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	8 <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.

10250717 152130 10220

Schedule D (Form 990) 2023

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sheets to Part I c Totals (add lines 3a

and 3b)

LHA 332071 11-29-23

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

Complete if the organization answe	ered "Yes" on Form 990, Part IV, line 14b, 15, or 16	6.							
Attach to Form 990.									
Go to www.irs.gov/Form990	for instructions and the latest information.								

Statement of Activities Outside the United States

OMB No. 1545-0047
2022
2023
Open to Public
Inspection

SCHEDULE F (Form 990)

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

Department of the Treasury	Coto	···· ··· /F-···	Attach to Form 990.	nformation		n to Public ection
Internal Revenue Service Name of the organization	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	mormation.	Employer identi	
-						
Safe Passage Part I General Info	rmation on A	ctivities Out	side the United States. Compl		01-053283	35
Form 990, Part I			side the Onited States. Compl	ete if the organ	ization answered "	res" on
1 For grantmakers. Doe	s the organizatior		ds to substantiate the amount of its gra he selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
			an be duplicated if additional space is r			(0) Tatal
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
Central America and						
the Caribbean -					GANGE NEGLION	
Antigua & Barbuda, Aruba, Bahamas,	1	100	GRANTS TO SUPPORT CAMINO SEGURO IN GUATEMALA	SEE SAFE PA STATEMENT	SSAGE MISSION	1745000.
	-	100				1,15000.
3 a Subtotal	1	100				1745000.
b Total from continuation	_					
sheets to Part I	0	о				0.

Ο.

1745000.

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023	Safe	Passage			01 - 05	-0532835		Page 2
Part II Grants and Othe recipient who rec	er Assistance to Or ç ceived more than \$5,	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	the United States. additional space is ne	Complete if the orç eded.	ganization answered	"Yes" on Form 9	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	
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, Guatemala	GRANTS TO SUPPORT CAMINO SEGURO IN GUATEMALA	1745000.1	ELECTRONIC FUNDS TRANSFER	0.		
 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whi Enter total number of other organizations or entities 	recipient organization anization by the IRS, o other organizations o	ns listed above that are or for which the grantee or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country, re tion 501(c)(3) equi	ecognized as a tax valency letter			

Schedule F (Form 990) 2023

332072 11-29-23

32

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
	V, line 16.	(g) Description of noncash assistance					Schedu
01-0532835	n Form 990, Part I	(f) Amount of noncash assistance					
01	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
		(d) Amount of cash grant					
	e the United Stat	(c) Number of recipients					
Safe Passage	e to Individuals Outside Iditional space is needed	(b) Region					
Schedule F (Form 990) 2023	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

332073 11-29-23

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F	(Form 990) 2023	Safe	Passage
Part V	Supplementa	I Inform	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.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	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.							2023
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and th	ne latest informatior	า.		Inspection
Name of the organization								entification number
Dort L Fundroid	Safe Pa						01-053	
	complete this part	Complete if the organization answe	red "Y	es" or	i Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events							—
• • •		art VII) or entity in connection with pr			-	.	Ye	
compensated at le		viduals or entities (fundraisers) pursua organization.	ant to a	agreer	nents under which th	ie tur	idraiser is to t	De
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (c	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount to (or retaine organizat	
				No				
Total	· · · · · · · · · · · · · · · · · · ·		<u></u>	<u></u>				
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Safe Passage

01-0532835 Page 2

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

		nd gross income on Form 990	,	•	ns greater man \$5,000.
		(a) Event #1 Virtual 5k	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	– col. (c))
Revenue	1 Gross receipts	26255.			26255.
	2 Less: Contributions	24186.			24186.
	3 Gross income (line 1 minus line 2)	2069.			2069.
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
lirect Ex	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				2186.
	10 Direct expense summary. Add lines 4 th	•			
	11 Net income summary. Subtract line 10 t				-117.
Pa	art III Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a.	ation answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
nue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1 Gross revenue				
es	2 Cash prizes				

Schedule G (Form 990) 2023

Yes

Yes

Yes

No

%

Yes

No

%

%

Yes

No

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Direct Expense

3 Noncash prizes

6 Volunteer labor

b If "No," explain:

332082 09-13-23

4 Rent/facility costs

5 Other direct expenses

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

No

No

Sch	edule G (Form 990) 2023	Safe	Passage	01-05	53283	5 Page 3
	Is the organization a grantor, bene	eficiary or t	ities with nonmembers? rustee of a trust, or a member of a partnership or other entity formed		Yes	
13	to administer charitable gaming? Indicate the percentage of gaming		onducted in:		Ves	No
а	The organization's facility				13a	%
					13b	%
14	Enter the name and address of the	e person w	ho prepares the organization's gaming/special events books and record	ls:		
	Name					
	Address					
15a	Does the organization have a cont	tract with a	third party from whom the organization receives gaming revenue? \dots		Yes	No
b	If "Yes," enter the amount of game of gaming revenue retained by the			ount		
с	If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided	_				
	Director/officer	Emp	loyee Independent contractor			
	retain the state gaming license?		to make charitable distributions from the gaming proceeds to Inder state law to be distributed to other exempt organizations or spent i	n the	Yes	No
Pa	organization's own exempt activiti rt IV Supplemental Infor		the tax year \$ Provide the explanations required by Part I, line 2b, columns (iii) and (v):	; and Part	III, lines 9	, 9b, 10b,
			Also provide any additional information. See instructions.			
33200	3 09-13-23			Schedul	e G (For	n 990) 2023
00208	10 00 10 20		••	Soneuu		550, 2023

Supplemental Mormation (continued)	
	Schedule G (Form 99
2084 04-01-23	Schedule & (Form 99

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

23

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.

Inspection Employer identification number

01-0532835

20

Name of the organization

Safe	Passage

I Art - Works of at applicable Art - Historical treasures (d) Method of determining nocath contribution contribution amounts Method of determining nocath contribution amounts reported on contribution amounts 1 Art - Historical treasures	Par	tl	Types of Property							
2 Art - Historical treasures				Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		•	s
2 Art - Historical treasures	1	Art - W	orks of art							
3 At - Fractional interests	2									
4 Books and publications	3									
5 Clothing and household goods										
6 Cars and other vehicles										
7 Boats and planes										
8 Intellectual property 9 Securities - Publicly traded X 11 Securities - Closely held stock										
9 Securities - Publicly traded X 2 100584. Stock price 10 Securities - Closely held stock										
0 Securities - Closely held stock				x	2	100584.	Stock price			
11 Securities - Partnership, LLC, or trust interests 13 Gualified conservation contribution - Historic structures 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Real estate - Residential 16 Real estate - Other 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidemy 21 Taxidemy 22 Historic atrifacts 23 Scientific specimens 24 Archeological atrifacts 25 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, Inse 1 through 28, that it must hold for at least 3 years from the date of the initial contributions? 31 X 32a X 33b If 'Yes,'' describe the arrangement in Part I. 33c If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							<u></u>			
trust interests										
12 Securities · Miscellaneous	••									
13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other 29 Vers 30a X 30a X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 30a X 30b I' Yes,'' describe the artangement in Part II. 30c Yes,'' describe the artangement in Column (c) for a type of property for which column (a) is checked,	12									
Historic structures										
14 Qualified conservation contribution - Other	15									
15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 17 Real estate - Other 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 (20 Other (21 Other (22 Other (23 Other (24 Nonber of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 23 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X 30b If "Yes," describe the arrangement in Part II. 31 X 32a X b If "Yes," describe the arrangement in Part II. 31 X 32a X b If "Yes," describe the arrangement in Part II. 33 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X	14	Oualifi	ed conservation contribution - Other							
16 Real estate · Commercial										
17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 26 If "Yes," describe the arrangement in Part II. 31 X 32a X b If "Yes," describe in Part II. 31 If the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X										
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23 Scientific specimens										
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25 Other ()										
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exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Image: Contribution in the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. 32a X 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Contribution of the context is checked.	30a									
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b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	JZd				-			222		x
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	h							52a		- 11
			,	olumn (c) for	a type of property	for which column (a) is abar	sked			
	55		be in Part II.		a type of property	TO WHICH COUTHIN (a) IS CHEC	ncu,			

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form	990) 2023	Saie	Passage	
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Part II 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.

332142 09-11-23	Schedule M (Form 990) 2023

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41 2023.04000 SAFE PASSAGE SCHEDULE O (Form 990)



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:

School reopened full-time in 2023, following a nearly three-year government-mandated closure or severely limited in-person schedule. A return to the classroom full-time made 2023 an important year for our educational community, allowing Safe Passage to reimplement the high-quality, interactive, and emotionally supportive learning environment that has such a strong impact on student growth and wellness. Safe Passage integrated health teams were able to assess and evaluate academic learning loss and psychosocial deficits sustained through distance learning during the three years, and the education and health teams implemented many strategic steps to close the learning gaps and address socio-emotional impact of nearly 3 years out of the classroom and the caring learning environment that Safe Passage offers to students.

Safe Passage implemented two age 3 classrooms in 2023, offering high-quality early childhood education for 24 new young students. These young students are engaged in the immersive preschool learning environment, with nutritious meals, and integrated health services, as well as the family nurturing program which engages all parents in For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

10250717 152130 10220

academic success in later years. Age 3 students' developmental scales demonstrated remarkable growth within the first six months of entering

the program, preparing them for preschool (age 4+).

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 pace. 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 finally restarted in 2023. Students' evaluations in late 2022 and early 2023 guided our intensive learning recovery plans, including adding an extra hour of instruction, greatly increasing the technology capacity on campus to access needed learning resources, preparing to implement an individualized/highly regarded online tutoring program called Progrentis, training all student-facing staff in mindfulness and socio-emotional and ethical learning skills to 332212 11-14-23 Schedule O (Form 990) 2023 43

Name of the organization Safe Passage	Employer identification number 01-0532835
implement in the classroom, and increasing resources for m	mental and
socio-emotional health with students and families. Our ed	lucation and
integrated health services teams were fully prepared and h	lave
implemented a whole school learning loss and psychosocial	health
recovery program to help students catch up academically ar	nd in health

INCREASED ACCESS TO TECHNOLOGY: Safe Passage has continued to prioritize improving access to computers, technological curriculum, and international web-based educational programs. In 2023, 60 more laptops were added to our existing catalog of 60 laptops and 40 tablets for students to use at school. These allow for an individualized learning program allowing each student to focus on their areas of specific need. Technology has been an invaluable resource for learning, implementing the English literacy program, as well as supporting accelerated learning programs as part of the learning loss and recovery program.

MINDFULNESS AND SOCIO-EMOTIONAL AND ETHICAL LEARNING: In 2023, Safe
Passage began a new partnership with Mindful Guatemala to train
teachers, psychologists, and social workers in mindfulness and
socio-emotional and ethical learning (SEE) skills. The curriculum was
developed through Emory University and in 2023 staff began receiving 8
intensive trainings, to then implement SEE inside and outside of the
classroom. The implementation of socio-emotional and ethical learning
in the classroom will serve as a foundation for nurturing empathetic,
resilient, compassionate, and engaged individuals who are not only
academically proficient but also well-prepared for the demands of an
interconnected and diverse global community.
332212 11-14-23 Schedule O (Form 990) 2023

and wellness.

Name of the organization

NUTRITION, MEDICINE, AND COUNSELING: Safe Passage continues to respond
to deficits in health and learning that students sustained due to a
three-year government-mandated school closure during COVID and existing
systemic barriers and inequities that negatively impact health,
nutrition, and wellness. In collaboration with our medical/health
partner Shared Beat, we provide holistic, preventative, and acute
health services to our students. In 2023, over 415,000 healthy meals
and snacks were served, 3054 clinic visits were made, and all students
were evaluated for nutritional deficiencies, health and dental issues
(and treated as needed). Prevention is a big part of the health
program. Every one of our students is treated for parasites twice a
year, has an eye evaluation and is provided prescription glasses when
needed, and has their full vaccination scheme, including the HPV
vaccine for all our female students from 10 years old and up.

332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization Safe Passage	Employer identification number $01 - 0532835$
	01 0332033
USE OF NEW FACILITIES AND PLAYGROUND: Returning to campus	full-time in
2023 meant that primary and secondary students were able t	o make great
use of our new playground and outdoor learning garden. Stu	dents used
the outdoor space for physical education classes, daily Cr	ew meetings
(small group, mixed-aged, continuous cohorts of students f	acilitated by
a teacher, addressing socio-emotional issues, conflicts at	home or
school, self-esteem, etc), expeditions such as weather, be	e habitats,
growing corn and medical herbs, and simply for playing out	doors
together in a safe, loving, beautiful space (an anomaly in	this
neighborhood). The early childhood and preschool site "El	Jardin" has
ample, beautiful outdoor spaces for children to explore th	eir world,
but until 2022 getting students ages 7 up to a safe outdoo	r space for
recreation required leaving campus.	

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 will commence in 2024, with completion and opening to students in 2025.

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.

332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Safe Passage	01-0532835
Form 990, Part VI, Section A, line 4:	

The organzation made amendments to its by-laws. The following are the

changes made to the by-laws; Added a section a section on limitations,

allowing notice and amendments via e-mail, permitting attendance via

telephone or video conference, renaming a committee, adding a standing

programs committee, and clarifying record-keeping responsibilities.

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

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

ORGANIZATION. THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR COMMENT

AND REVIEW.

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

THERE IS AN ANNUAL FORM TO FILL OUT FOR EMPLOYEES.

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

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

INVOLVED A SURVEY OF THE SALARIES OF EXECUTIVE DIRECTORS AT SIMILAR

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

THEIR PERFORMANCE AND COMPENSATION ARE REVIEWED ANNUALLY BY THE BOARD OF

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

APPOINTMENT.

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

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

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

Form 990, Part VI, Section C, Line 18:

332212 11-14-23

47

Schedule O (Form 990) 2023	Page 2
Name of the organization Safe Passage	Employer identification number 01-0532835
SAFE PASSAGE IS AN INTERNATIONAL ORGANIZATION, AND THE IRS	990 ONLY
REFLECTS FINANCING FOR U.SBASED ACTIVITY. TO GET A TRUE	UNDERSTANDING OF
OUR COMPLETE FINANCIAL PICTURE, PLEASE REFER TO OUR COMBIN	ED FINANCIAL
REPORT, AVAILABLE ON OUR WEBSITE (WWW.SAFEPASSAGE.ORG/ FIN	ANCIALS) AND UPON
REQUEST	
Form 990, Part VI, Section C, Line 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FIN	ANCIAL STATEMENTS
ARE AVAILABLE ON THE INTERNET AS WELL AS UPON REQUEST.	

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Par ed "Yes" on Form 990, Part IV, lin Attach to Form 990. 90 for instructions and the latest	tnerships e 33, 34, 35b, 36, (information.	or 37.	• 0	OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization Safe Passage					Employer identification number 01-0532835	cation number 3 3 5
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. organizations during the tax year.	nizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	Part IV, line 34, be	cause it had one o	more related tax-exe	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
CAMINO SEGURO 6A. AVENIDA 11-95, ZONE 7, COLONIA LANDIVAR , GUATEMALA CITY, GUATEMALA	R TO HELP AT RISK GUATEMALAN CHILDREN	Guatemala				
For Paperwork Reduction Act Notice, see the Instructions for Form 990	tions for Form 990.				Schedule R	Schedule R (Form 990) 2023

01-0532835 Page 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) (h) (i) (i) (i) (i) (i) (i) Share of end-of-year assets Disproprionate allocations? Code V-UBI amount in box Code V-UBI amount in box General or Percentage partner? Yes No K-1 (Form 1065) Yes No	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(f) (g) (h) (g) Share of total Share of total Share of cotal Section income and-of-year ownership section assets assets version entity-of
wered "Yes" on Form 96	(f) Share of total income	ation answered "Yes" o) (e) ntrolling Type of entity ity (C corp. S corp. or trust)
if the organization ansv	Predominant income (related, unrelated, excluded from tax under sections 512-514)	complete if the organization	(c) (d) Legal domicile (stata or foreign country) Direct controlling neeting country)
	Direct controlling entity	or Trust.	Primary activity
as a Parti ax vear.	C C C C C C C C C C C C C C C C C C C	as a Corp	ά
Passage Janizations Taxable thership during the t	Primary activity	Janizations Taxable	
Schedule R (Form 990) 2023 Safe Passage Part III Identification of Related Organizations Taxable as a Partnership. Organizations treated as a partnership during the tax vear.	(a) Name, address, and EIN of related organization	Part IV Identification of Related Organizations Taxable as a Corporation	(a) Name, address, and EIN of related organization

50

Schedule R (Form 990) 2023 Safe Passage

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				~	Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed	in Parts II-IV?		
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity		9		1a	×
				+	~
c Gift, grant, or capital contribution from related organization(s)				ب	×
d Loans or loan guarantees to or for related organization(s)				1d	х
• Loons or loon suprations by related examination(c)				ţ	×
					4
f Dividends from related organization(s)				¥	×
				•	Þ
g Sale of assets to related organization(s)				1g	V
h Purchase of assets from related organization(s)				ţ	×
				1	X
i l'accorde facilities acuinment existence accorte la valatad avacuiation(s)				÷	×
				-	4
					Þ
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	iization(s)			1	Х
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			ц Ц	×
				÷	×
	(e)in				1
 Sharing of paid employees with related organization(s) 				우	4
p Reimbursement paid to related organization(s) for expenses				1p	X
q Reimbursement paid by related organization(s) for expenses				1 q	×
r Other transfer of cash or property to related organization(s)				÷	×
				- -	×
				2	1
2 If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether a set of the above is "Yes," and "Yes," are the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for the above is "Yes," see the above is	no must complete this	s line, including covered r	ation 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	involved	
(1) CAMINO SEGURO	В	1745000.	ACTUAL DISBURSEMENTS		
(2)					
(4)					
(5)					

Schedule R (Form 990) 2023

51

(6) 332163 09-28-23

Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	l ble as a Partnership. Col	mplete if the organ	ie organization answered "Yes" on Form 990, Part IV, line 37.	" on Form	990, Part IV, line 3	.7.				
Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships	entity taxed as a partnersh structions regarding exclus	ip through which the ion for certain inve	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	cted more	than five percent	of its activities (mea	asured by	total assets or g	Iross rev	enue)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	5	(e) Are all 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or l managing partner? Yes NO	(j) (k) General or Percentage managing partner? Vesi Noi
				2			8		8	
								Schedule	R (Forr	Schedule R (Form 990) 2023

52

Safe Passage Schedule R (Form 990) 2023

332164 09-28-23

Part VII Supplemental Information

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

Schedule R (Form 990) 2023

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