EXTENDED TO NOVEMBER 16, 2020

January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Address change SAFE PASSAGE PROJECT CORPORATION Name change 46-2946211 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Finai return/ 212-324-6558 185 WEST BROADWAY term: 4.501.191. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10013 H(a) is this a group return F Name and address of principal officer: RICHARD LEIMSIDER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) ___ 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: > SAFEPASSAGEPROJECT.ORG H(c) Group exemption number Other > L Year of formation: 2013 M State of legal domicile: NY K Form of organization: X Corporation Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities: SAFE PASSAGE PROJECT PROVIDES Governance FREE LAWYERS TO IMMIGRANT CHILDREN FACING DEPORTATION. 2 Check this box
if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 32 5 Total number of individuals employed in calendar year 2019 (Part V. line 2a) 650 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39. Prior Year Current Year 4,118,179. 3,425,440. 8 Contributions and grants (Part VIII, line 1h) 933,160. 0. 9 Program service revenue (Part VIII, line 2g) 4,108 41,235. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,122,287. 4,399,835. 12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12) 5,000. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 2,499,072. 1,631,247. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 40,013. 16a Professional fundraising fees (Part IX, column (A), line 11e) 226,331. b Total fundraising expenses (Part IX, column (D), line 25) 667,954. 457,521. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,093,768. 3,207,039. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,192,796. 2,028,519. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 4,865,322. 3,708,247. 20 Total assets (Part X, line 16) 43,342. 79,392. 21 Total liabilities (Part X. line 26) 4,821,980. 3,628,855. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2020 Signature of officer RICHARD LEIMSIDER, EXEC DIRECTOR

Sign Here Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name P00631754 11/16/20 self-employed WILLIAM SKODY Paid WILLIAM SKODY Firm's EIN > 13-3597814 Firm's name SKODY SCOT & CO, CPAS, PC Preparer Firm's address 520 EIGHTH AVE, SUITE 2200 Use Only Phone no. 212 967-1100 NEW YORK, NY 10018 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2019)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SAFE PASSAGE PROJECT BELIEVES NO CHILD SHOULD FACE THE IMMIGRATION
	PROCESS ALONE. WE DEFEND THE LEGAL RIGHT OF IMMIGRANT CHILDREN TO
	APPLY FOR PROTECTION, PROVIDING FREE LAWYERS TO IMMIGRANT CHILDREN
	FACING DEPORTATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 2,684,204. including grants of \$) (Revenue \$ 933,160.) SAFE PASSAGE PROJECT SERVES IMMIGRANT CHILDREN IN NEW YORK UNDER THE AGE OF 21. OUR TEAM OF SAFE PASSAGE PROJECT ATTORNEYS STANDS UP FOR THESE CHILDREN BY STANDING WITH THEM IN IMMIGRATION COURT, TAKING ON THEIR CASES, AND FIGHTING FOR THEIR LEGAL RIGHT TO APPLY FOR PROTECTIONS UNDER EXISTING U.S. LAW. TO STRENGTHEN OUR CAPACITY TO PROVIDE HIGH QUALITY LEGAL ASSISTANCE TO ALL IMMIGRANT CHILDREN, WE RECRUIT, TRAIN, AND MENTOR PRO BONO ATTORNEYS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,684,204.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		_
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	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		Х
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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Γ

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Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		Α.
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
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 in Schedule O for Part VI, lines 11b and 19?		_v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Steff the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary vaer anding with or within they ware covered by this return b If a least one is reported on line 2a, did the organization file all required federal employment tax returne? Note: If the sum of lines 1 and 2a is greater than 500, you may be required to effect see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did W3 if Yes, "has it filed a Form 990-T for this year? if Ye? to fine 3b, provide an explanation on Schedule O 3b If Yes, "and the filed a Form 990-T for this year? if Ye? to fine 3b, provide an explanation on Schedule O 4c If Yes, "and the the name of the foreign country by the Yes," and the the name of the foreign country by the Yes," and the the name of the foreign country by the Yes," and the the name of the foreign country by the Yes, "and the yes of the Yes," and the yes of the Yes, "and the yes of the yes of the organization that it was or is a party to a prohibitot tax shelter transaction? 5a Was the organization and yes of prohibited tax shelter transaction? 5b If Yes," and the organization that it was or is a party to a prohibitot tax shelter transaction? 5c If Yes to less do sh, did the organization that it was or is a party to a prohibitot tax shelter transaction? 5c If Yes to she to she did the organization that it was or is a party to a prohibitot tax shelter transaction solicit any contributions that were not tax deductibles of enhancements of the year of year of year and year any contributions that were not tax deductibles of enhancements of year of year any or year year year year year year year yea				Yes	No				
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a ID if the organization have unrelated business goes income of \$1,000 or more during the year? 3b ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3b If Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas It filed a form 950°T for this year? 4c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas It filed a form 950°T for this year? 5c ID if Yes, Than 950°T for this year of the year of y	2a								
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did If Yea, "has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0 3 Did If Yea," has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation or Schedule 0 3 Did If Yea," shall the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If the second of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If the seed of the seed o		filed for the calendar year ending with or within the year covered by this return 2a 32							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes', has it filed a Form 9807 for this year of 1'Wo' to file 3b, growing an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, provide an explanation on Schedule O. 5c If 1'Yes' to the free fame of the freeign country. 5c If 1'Yes' to the Sar of Sh, did the foreign country (such as a bank account, provide an explanation). 5c If 1'Yes' to line Sar of Sh, did the foreign country. 5c If 1'Yes' to line Sar of Sh, did the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c If 1'Yes' to line Sar of Sh, did the organization the Form 88867 c. 6c If 1'Yes' to line Sar of Sh, did the organization the Form 88867 c. 6c If 1'Yes' to line Sar of Sh, did the organization the Form 88867 c. 6c If 1'Yes' to line Sar of Sh, did the organization the organization the organization the organization that it was or is a party to a prohibited tax shelter transaction? 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts 6c If 1'Yes', includes the number of forms 8882 filed during the year organization sell, exchange, or otherwise disposes of tangitive personal property for which it was required to the Form 8887 organization related a contribution of qualified intellectual property, did the organization related a contribution of can, boats, ariplanes, or otherwise of the organization file a form 108	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? 6c Did any taxable party notify the organization file Form 888877. 6c Did was 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? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization set was payment in excess of \$15 made party as contribution and party for goods and services provided? 7c Did the organization express any expression of the value of the goods or services provided? 7d Did the organization received a powment in excess of \$15 made party as contribution of any party or promised to the payor? 7a Did the organization received an contribution of underty, to pay premiums on a personal benefit contract? 7b Did the organization received an contribution of care, boats, airplanes, or other vehicles, did the organization file of the payment and the payment of the p		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax whether transaction? 5b Was the organization to it or prohibited tax whether transaction? 5c Was the organization have protected that it was or is a party to a prohibited tax shelter transaction? 5c Clay one she organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible schariable contributions? 6c Did be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when or tots deductible is calentable contributions? 6c Did the organization shew annual gross dealth in the contributions or gifts were not tax deductible? 6d Verse," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible or the value of the goods or services provided? 6d If "Yes," inclinate the number of Forms 8222 filed during the year to the foreign state or the second or the year of the value of the goods or services provided? 6d If "Yes," inclinate the number of Forms 8222 filed during the year 6d If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d If If the organization necessed a contribution of qualified intellectual property, did the organization file a Form 1989 of the organization o	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'return 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 shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization shall that were not tax deductible as charitable contributions? 6d I 'Yes' to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shall many receive deductible contributions under section 170(c). 8 Did the organization receive appropent in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 7 b I'Yes', did the organization notify the donor of the value of the goods or services provided? 7 b I'Yes', did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization netwer any pay premiums, directly or indirectly, on a personal benefit contract? 7 d I'Yes', did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?, If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 899 as required?, If the organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(K)7 organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10a Section 501(b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, did the organization file Form 8868-7? 5c Dese 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 Was the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 bif "Yes," did the organization norify the donor of the value of the goods or services provided? 9 bif "Yes," did the organization norify the donor of the value of the goods or services provided? 7b If "Yes," inclinate the number of Forms 8282 filed during the year 9 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 to file Form 8282? 9 time organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07. 8 Sponsoring organization near the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 time organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07. 10 time organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07. 11 time organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07. 12 Sponsoring organization maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organizati	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
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organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.							
c Enter the amount of reserves on hand 13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X				
If "Yes," complete Form 4720, Schedule O.					77				
	16		16		X				
		If "Yes," complete Form 4720, Schedule O.	F.	000	(00.10)				

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

	Check if Schedule O contains a response or note to any line in this Part VI				X		
Sec	tion A. Governing Body and Management			,			
		1 1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	.2				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	.2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other					
	officer, director, trustee, or key employee?		. 2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?		. 3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	. 5		Х		
6	Did the organization have members or stockholders?		. 6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	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 years of the organization of the property of the property$	ear by the following:					
а	The governing body?		. 8a	X			
b	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 re	ached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)					
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$. 10b	X			
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	. 12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{"}$						
	in Schedule O how this was done		. 12c	X	L		
13	Did the organization have a written whistleblower policy?			<u> </u>	X		
14	Did the organization have a written document retention and destruction policy?		. 14	X			
15	Did the process for determining compensation of the following persons include a review and approve	al 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	ļ		
b	Other officers or key employees of the organization		. 15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange						
	taxable entity during the year?		. 16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic						
	exempt status with respect to such arrangements?		. 16b				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)(3)s on	y) avai	lable		
	for public inspection. Indicate how you made these available. Check all that apply.						
		n on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy,	and fina	ancial			
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records >					
	THE ORGANIZATION - 212-324-6558 185 WEST BROADWAY, NEW YORK, NY 10013						
	TOO WEST DRUADWAY, NEW YUKK, NY TUULY						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((C)	-		(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	nd a d	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		e e	ubeus		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		ploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAM FOSTER	5.00	=		0	×	工业	ш.			
BOARD CHAIR		Х		Х				0.	0.	0.
(2) LENNI BENSON	1.00									
DIRECTOR		Х						0.	0.	0.
(3) SAM COPPERSMITH	5.00									
DIRECTOR/SECRETARY		Х		Х				0.	0.	0.
(4) RAYMOND LIN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) SAM NEWBOLD	1.00									
DIRECTOR		Х						0.	0.	0.
(6) FEDERICO REYES	5.00									
TREASURER		Х		Х				0.	0.	0.
(7) CAREEN SHANNON	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) BRENDA COOKE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) ANDREW AMER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ANTONIO MIRANDA	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) CAROLINE KRONLEY	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(12) JOSEPH BAVUSO	1.00	١								
DIRECTOR	40.00	Х						0.	0.	0.
(13) RICHARD LEIMSIDER	40.00							145 004		_
EXEC DIRECTOR	40.00			X				145,894.	0.	0.
(14) DAAN RICHARD ROLAND STEIJGER-PU	40.00	1		,,				F0 056	_	
HEAD OF FINANCE	40.00			Х		-		59,956.	0.	111.
(15) DESIREE HERNANDEZ	40.00	-				37		107 414	_	_
DEPUTY EXECUTIVE DIRECTOR & LEGAL DI						Х	_	107,414.	0.	0.
		L	L	L			L			
										F 000 (2242)

Form **990** (2019)

	(A) Name and title	(B) Average hours per week	box	not c , unle	ss per	ition more rson i	than is bot	n 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)	organization (W-2/1099-MIS	S	fr org an	pensa rom the anizat d relat anizati	e ion ed
			_											
1b	Subtotal		<u> </u>					>	313,264.		0.		1	11.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								313,264.		0.		1	0. 11.
2	Total number of individuals (including but r compensation from the organization ▶	not limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportabl	е			2
3	Did the organization list any former officer,			•		•		_		•			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	ation	and	dot	her compensation from			3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services		4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or su	ıch į	pers	son .					5		X
1	Complete this table for your five highest complete the organization. Report compensation for	=	-								pens	ation 1	from	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	ompe	C) nsatio	n
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to	tho:		sted	I above) who received m	ore than			990 (2	

932008 01-20-20

Ра	rt v	/111						
			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			<u></u>
					(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt		f
						function revenue	business revenue	sections 512 - 514
S S	4	_	Fordericked commissions de					
ant	'		Federated campaigns 1a		-			
ج ق			Membership dues 1b		-			
Łŷ,		С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
ï,S		е	Government grants (contributions) 1e	428,919.				
ios		f	All other contributions, gifts, grants, and					
the th				,996,521.				
즐		~	Noncash contributions included in lines 1a-1f	, , -	1			
Ωď		_			3,425,440.			
<u> </u>		n	Total. Add lines 1a-1f		3,423,440.			
				Business Code	000 160	022 160		
Se	2	а	PROGRAM SERVICE REVENU	900099	933,160.	933,160.		
e ⊈		b						
S D		С						
am		d						
Program Service Revenue		е						
Pro			All other program service revenue					
					933,160.			
	_		Total. Add lines 2a-2f		755,100.			
	3		Investment income (including dividends, inter		42 222			42 222
			other similar amounts)		43,232.			43,232.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	′	а	00.050	1 ''	-			
			· +	•				
4		b	Less: cost or other basis					
ď			and sales expenses	•				
Revenue		С	Gain or (loss) 7c -1,997	•				
		d	Net gain or (loss)		-1,997.			-1,997.
Ē	8		Gross income from fundraising events (not					
윰			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		L						
				<u> </u>				
			Net income or (loss) from fundraising events	D				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses9t)				
		С	Net income or (loss) from gaming activities .					
	10		Gross sales of inventory, less returns					
			and allowances10	а				
		h	Less: cost of goods sold 10	<u> </u>				
				·				
_			Net income or (loss) from sales of inventory .	Business Code				
ns				Busiliess Code				
eo ne	11				1			
llar ren		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue					
_		е	Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions		4,399,835.	933,160.	0.	41,235.

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

_	Check if Schedule O contains a respons		this Part IX(B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	205,850.	102 150	15,366.	7 22/
_	trustees, and key employees	203,630.	183,150.	15,300.	7,334
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 000 740	1 751 (42	146 060	70 147
7	Other salaries and wages	1,968,749.	1,751,643.	146,962.	70,144
8	Pension plan accruals and contributions (include	47 01 6	41 021	2 510	1 (77
	section 401(k) and 403(b) employer contributions)	47,016.	41,831. 82,576.	3,510. 6,928.	1,675 3,307
9	Other employee benefits	92,811.			3,307
10	Payroll taxes	184,646.	164,284.	13,783.	6,579
11	Fees for services (nonemployees):				
а	Management	06 500	12 277	0.046	4 070
b	Legal	26,593.	13,377.	8,946.	4,270
	Accounting	27,885.		27,885.	60.00
d	Lobbying	60,000.			60,000
е	Professional fundraising services. See Part IV, line 17	40,013.			40,013
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	140 501	126 224	6 405	
	column (A) amount, list line 11g expenses on Sch 0.)	142,591.	136,094.	6,497.	
12	Advertising and promotion	440 645	05.400	20 750	40 506
13	Office expenses	143,645.	85,180.	38,759.	19,706
14	Information technology				
15	Royalties	4.05.004	100 105	40 554	0.054
16	Occupancy	127,831.	100,126.	18,754.	8,951
17	Travel				
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	2,504.	2,228.	187.	89
23	Insurance	10,904.	9,701.	815.	388
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	STAFF DEVELOPMENT AND T	41,143.	36,606.	3,071.	1,466
b	TRAVEL AND MEETINGS	40,316.	35,755.	3,086.	1,475
c	DUES AND SUBSCRIPTIONS	26,204.	23,315.	1,955.	934
d	CLIENT WELFARE EXPENSES	18,338.	18,338.	-	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,207,039.	2,684,204.	296,504.	226,331
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,439,907.	1	584,313
	2	Savings and temporary cash investments			269,934.	2	
	3	Pledges and grants receivable, net			893,611.	3	1,457,199
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
<u>ا</u> ي	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			3,440.	9	4,000
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,510.			
	b	Less: accumulated depreciation	10b	2,504.	0.	10c	12,006
	11	Investments - publicly traded securities			101,355.	11	2,807,804
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must eq		ı	3,708,247.	16	4,865,322
	17	Accounts payable and accrued expenses			79,392.	17	43,342
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
တ္က	22	Loans and other payables to any current or for	mer offi	cer, director,			
≝		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre	lated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			79,392.	26	43,342
,,		Organizations that follow FASB ASC 958, ch	eck he	re ▶ X			
<u>ĕ</u>		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			2,283,855.	27	3,856,933
<u>8</u>	28	Net assets with donor restrictions		<u></u>	1,345,000.	28	965,047
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
בַ		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	s			29	
200	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Ĭ	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Se	32	Total net assets or fund balances			3,628,855.	32	4,821,980
	33	Total liabilities and net assets/fund balances		ı	3,708,247.	33	4,865,322

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,39					
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,20					
3	Revenue less expenses. Subtract line 2 from line 1	3		1,19					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,62		55. 29.			
5	5 Net unrealized gains (losses) on investments 5								
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))								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
	· · · · · · · · · · · · · · · · · · ·				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	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 separat								
	consolidated basis, or both:		,						
	X Separate basis 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 audi	t.						
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?	5		За		Х			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
	· · · · · · · · · · · · · · · · · · ·				000				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

SAFE PASSAGE PROJECT CORPORATION

Employer identification number 46-2946211

Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch					I)(A)(i).	
2		A school described in sect i						
3		A hospital or a cooperative					ii).	
4	一	A medical research organiz						the hospital's name
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		ilege of difficerally owner	а ог орста	ica by a g	overnmental and accord)CG 1
6				aantal unit daaarihad in .	aaatian 17	70/L\/4\/A\	6.0	
6	X	A federal, state, or local gov						
′	21	An organization that norma	•	ntial part of its support i	rom a gov	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	. ,					
8		A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the colleg	e or
		university:						
10		An organization that norma						
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.	
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g	Prov	ride the following information		· · · · · · · · · · · · · · · · · · ·				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Γ∩t:	al							I

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	457,653.	1502790.	2254560.	4118179.	3425440.	11758622.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	457,653.	1502790.	2254560.	4118179.	3425440.	11758622.	
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)						1510236.	
6	Public support. Subtract line 5 from line 4.						10248386.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	457,653.	1502790.	2254560.	4118179.	3425440.	11758622.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,087.	3,057.	463.	4,108.	41,235.	50,950.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						11809572.	
12	Gross receipts from related activities,					12	933,940.	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
<u>C</u>	organization, check this box and stor						>	
	ction C. Computation of Publ						86.78 %	
	Public support percentage for 2019 (14	0 = = 1	
15	Public support percentage from 2018					15		
16a	33 1/3% support test - 2019. If the c	•		•		•		
	stop here. The organization qualifies							
D	33 1/3% support test - 2018. If the condition have							
170	and stop here. The organization qual							
17 a	10% -facts-and-circumstances tes	_						
	and if the organization meets the "fact			-	-	-		
h	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes							
O	more, and if the organization meets the	ū				•		
	organization meets the "facts-and-circ		•					
10								
10	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 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(4) 20 10	(10) 20 10	(0, 20) .	(4) 23 15	(0, 20 10	(1) 1010
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 in 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 five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
						>
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2019 (lir	ne 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	: III, line 15	<u></u>		16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 201	I9 (line 10c, colur	mn (f), divided by I	ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2019. If the o					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			igo c
	Confinded)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			<u> </u>
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)) -		
а	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 governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	ZU		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		54		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	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 1-1/2% 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 .035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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	lly integr	ated Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1				
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

SAFE PASSAGE PROJECT CORPORATION 46-2946211

Organization type (check one):

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
527 political organization					
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1 any one contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

SAFE PASSAGE PROJECT CORPORATION

46-2946211

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	MAI FAMILY FOUNDATION 500 5TH AVE FL 37 NEW YORK, NY 10110	\$150,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

SAFE PASSAGE PROJECT CORPORATION

46-2946211

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		. \$			

Employer identification number

Name of organization

46-2946211 SAFE PASSAGE PROJECT CORPORATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 **2019**

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

		,,				
		01(c)(4), (5), or (6) organiza	tions: Complete Part III.		1_	
Nan	ne of orga				Em	ployer identification number
_			SSAGE PROJECT CO			46-2946211
Pa	art I-A	Complete if the org	anization is exempt und	ter section 501(c)	or is a section 527	organization.
1	Provide	a description of the organiz	ation's direct and indirect politic	cal campaign activities i	in Part IV.	
2	Political	campaign activity expendit	ures		>	\$
			gn activities			
Pa	art I-B	Complete if the org	janization is exempt und	der section 501(c)	(3).	
1	Enter the	amount of any excise tax	incurred by the organization und	der section 4955	•	· \$
2	Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955	>	· \$
			n 4955 tax, did it file Form 4720			
b	If "Yes."	describe in Part IV.				
Pa	art I-C	Complete if the org	janization is exempt und	der section 501(c),	, except section 50	1(c)(3).
1	Enter the	amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	· \$
			ization's funds contributed to ot			
				-		· \$
3			. Add lines 1 and 2. Enter here a			
		•			•	· \$
4			1120-POL for this year?			
			nployer identification number (El			
			tion listed, enter the amount pai		-	
	•		omptly and directly delivered to			•
	political	action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fron	(e) Amount of political
		(a) Name	(b) / tadi oso	(0) 2	filing organization's	contributions received and
					funds. If none, enter -0	
						delivered to a separate political organization.
						If none, enter -0
						+
				+		

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

If th	e amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not	over \$500,000	20% of the amount on line 1e.		
Ove	er \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Ove	er \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Ove	er \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Ove	er \$17,000,000	\$1,000,000.		
g Gra	ssroots nontaxable amount (enter 25% o	f line 1f)	74,759.	
h Subtract line 1g from line 1a. If zero or less, enter -0-			0.	
i Sub	otract line 1f from line 1c. If zero or less, e	nter -0-	0.	

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount				299,035.	299,035.		
b Lobbying ceiling amount (150% of line 2a, column(e))					448,553.		
c Total lobbying expenditures				60,000.	60,000.		
d Grassroots nontaxable amount				74,759.	74,759.		
e Grassroots ceiling amount (150% of line 2d, column (e))					112,139.		
f Grassroots lobbying expenditures				0.			

Schedule C (Form 990 or 990-EZ) 2019

」Yes

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or se	ection	
ı uı	501(c)(6).	311 00 1(0)	(0), 01 00	,011011	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total		_		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		—		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SAFE PASSAGE PROJECT CORPORATION

Employer identification number 46-2946211

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of parist from (during year) 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors, subject to the organization is exclusive legal control? 6 Dot the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only impermissible purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only impermissible purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only impermissible purpose and not for the benefit of the donor of donor advisors in writing that grant funds can be used only impermissible purpose benefit? 1 Purpose(s) of conservation easements. Supplied if the organization (henck all that apply). 2 Preservation of a natural habitat 2 Preservation of a cartificat list of the supplied of the organization answered "Yes" on Form 990, Part IV, line 7. 3 Total number of conservation easements 4 Total number of conservation easements 5 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements on a certified historic structure included in (a) 7 Armount of expenses incurred in monitoring inspecting, handling of violations, and enforcing conservation easements during the year 8 Number of conservation easements reported on line 2(d)	Pai	Dragnizations Maintaining Donor Advise		s or Accounts Complete if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of a prants from (during year) 5 Dot the organization inform all donors and donor advisor in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of anor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of anor advisor, or for any other purpose conferring incomparation inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of anor advisor, or for any other purpose conferring impermisable private benefit? Part Conservation Easements. Complete if the organization (neck all that apoply).	I al			3 of Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of organization in founding year) 5 Did the organization in property, subject to the organizations exclusive legal control? 6 Did the organization in property, subject to the organizations exclusive legal control? 7		organization answered fes on Form 990, Part IV, IIII		(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization informal al donors and donor advisors in writing that the assets helid in donor advisord funds are the organization informal all grantees, donors, and donor advisors in writing that grant funds can be used only for charatslep purposes and not for the benefit of the donor or donor advisor, or or any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 at through 2 off the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. b Total acreage restricted by conservation easements c Number of conservation easements included in (a)			(a) Donor advised funds	(b) i dilas and other accounts
A Aggregate value of grants from (during year) Aggregate value at end of year	_			
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation assements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete line 22 through 2 off the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements in cut and the first of the state of the National Register 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 10 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 10 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 10 Number of states where property subject to conservation easement is located to not one or conservation easements to holds? 10 Number of other tax year and enforcement of the conservation easements in holds? 10 Number of states where property subject to conservation easement is located to not organization have a written policy regarding the p		The state of the s		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?				
an et he organization's property, subject to the organization's exclusive legal control?				
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissluble private benefit? Part III Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a	5	-	_	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (heck all that apply). Preservation of an for public use (for example, recreation or education) Preservation of an historically important land area Protection of natural habitat Protection of natural habitat Preservation of on for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Preservation easements Preservation of open space Preservation easements Preservation easement on the last day of the tax year. Held at the End of the Tax Year A Total number of conservation easements 2a B Held at the End of the Tax Year A Total number of conservation easements on a certified historic structure included in (a) 2a 2b 2c D 2c				
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Schedule D (Form 990) 2019

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

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, d	or Other	Similar As	ssets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following tha	t make sig	nificant use c	f its
	collection items (check all that apply):							
а	Public exhibition	c	ı 🗆 ı	Loan or exc	hange progra	am		
b	Scholarly research	е	. 🗌	Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	on's exem	pt purpose in	Part XIII.
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er similar a	ssets	
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's c	ollection?			Yes No
Pai	t IV Escrow and Custodial Arran							IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not in	cluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII							
								Amount
С	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fe						/?	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has beer	n provided on	Part XIII .		
Pai	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on F	orm 990, Part	: IV, line 10		
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance	,	` .			Ì	•	
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1	a. column (a)) held as:	<u> </u>		
	Board designated or quasi-endowment		%	3,(,,			
	Permanent endowment ▶	%						
	. · · 	<u></u> , ·						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	red for the	organization	
	by:	3					3	Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?)			3b
4	Describe in Part XIII the intended uses of the							
	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		0. Part IV	/. line 11a. \$	See Form 990). Part X. lir	ne 10.	
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	umulated	(d) Book value
		basis (investr	ment)	basis	(other)	depre	eciation	
	Land							
	Buildings							
	Leasehold improvements				1 542		244	1 100
	Equipment				1,543.		344.	1,199.
	Other				2,967.		2,160.	10,807.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)		<u></u>	12,006.

Schedule D (Form 990) 2019

	E PROJECT COR	PORATION	46-2946211 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		🖊
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

Schedule D (Form 990) 2019

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	t XI Reconciliation of	-			Revenue per R	eturn	l .
	Complete if the organ	nization answered "Yes"	on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other	ner support per audited f	inancial statements			1	4,639,257.
2	Amounts included on line 1						
а	Net unrealized gains (losses				329.		
b	Donated services and use of	f facilities		2b	239,093.		
С	Recoveries of prior year gran	nts		2c			
d	Other (Describe in Part XIII.)			2d			
е	Add lines 2a through 2d					2e	239,422.
3	Subtract line 2e from line 1					3	4,399,835.
4	Amounts included on Form 9	990, Part VIII, line 12, but	t not on line 1:				
а	Investment expenses not inc	cluded on Form 990, Part	t VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			4b			
С	Add lines 4a and 4b					4c	0.
5	Total revenue. Add lines 3 a					5	4,399,835.
Pa	rt XII Reconciliation of				n Expenses per	Retu	rn.
		nization answered "Yes"					
1	Total expenses and losses p	er audited financial state	ements			1	3,446,132.
2	Amounts included on line 1	but not on Form 990, Par	rt IX, line 25:				
а	Donated services and use of	f facilities		2a	239,093.		
b	Prior year adjustments			2b			
С	Other losses			2c			
d	Other (Describe in Part XIII.)			2d			
е	Add lines 2a through 2d					2e	239,093.
3	Subtract line 2e from line 1					3	3,207,039.
4	Amounts included on Form 9						
а	Investment expenses not inc	cluded on Form 990, Part	t VIII, line 7b	4a			
b	Other (Describe in Part XIII.)						_
	A 1 1 1' A 1 A			4b		4c	0.
с 5	Add lines 4a and 4b Total expenses. Add lines 3	and 4c. (This must equal		4b		4c 5	0. 3,207,039.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 Total Supplemental Indee the descriptions required	and 4c. (<i>This must equal</i> Iformation. for Part II, lines 3, 5, and	Form 990, Part I, line 9; Part III, lines 1a an	18.) d 4; Part IV, lines 1b	and 2b; Part V, line	5	3,207,039.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 rt XIII Supplemental Ir	and 4c. (<i>This must equal</i> Iformation. for Part II, lines 3, 5, and	Form 990, Part I, line 9; Part III, lines 1a an	18.) d 4; Part IV, lines 1b	and 2b; Part V, line	5	3,207,039.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 Total Supplemental Indee the descriptions required	and 4c. (<i>This must equal</i> Iformation. for Part II, lines 3, 5, and	Form 990, Part I, line 9; Part III, lines 1a an	18.) d 4; Part IV, lines 1b	and 2b; Part V, line	5	3,207,039.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 Total Supplemental Indee the descriptions required	and 4c. (<i>This must equal</i> Iformation. for Part II, lines 3, 5, and	Form 990, Part I, line 9; Part III, lines 1a an	18.) d 4; Part IV, lines 1b	and 2b; Part V, line	5	3,207,039.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 Total Supplemental Indee the descriptions required	and 4c. (<i>This must equal</i> Iformation. for Part II, lines 3, 5, and	Form 990, Part I, line 9; Part III, lines 1a an	18.) d 4; Part IV, lines 1b	and 2b; Part V, line	5	3,207,039.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 Total Supplemental Indee the descriptions required	and 4c. (<i>This must equal</i> Iformation. for Part II, lines 3, 5, and	Form 990, Part I, line 9; Part III, lines 1a an	18.) d 4; Part IV, lines 1b	and 2b; Part V, line	5	3,207,039.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

SAFE PASSAGE PROJECT CORPORATION

Employer identification number 46-2946211

Part I Fundraising Activities required to complete this pa	6. Complete if the organization answrt.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rate a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, If b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the 	e Solicita f X Solicita g Specia or oral agreement with any individual Part VII) or entity in connection with pividuals or entities (fundraisers) purs	tion of tion of I fundra I (includ profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CAROLYN BESS CONSULTING - 152 WALTER STREET, BOSTON, MA	FUNDRAISING COUNSEL	Yes	No X	0.	41,032.	-41,032.
Total 3 List all states in which the organizati	on is registered or licensed to solicit	contrib	• • • • • • • • • • • • • • • • • • •	s or has been notifie	41,032.	
or licensing.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt I	of fundraising events. Complete if the	•	-		· ·
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
		Less. Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	_					
pen	6	Rent/facility costs				
Direct Expenses	_					
)irec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Б.	11					
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total camina (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes%	
	6	Volunteer labor	└── No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
•	_					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_			Yes No
		No," explain:				L res L NO
~						
		ere any of the organization's gaming licenses re			x year?	Yes No
b	lf "	Yes," explain:				
0220	22 00	9-11-19			Schedule G (Fo	orm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 SAFE PASSAGE PROJECT CORPORATION 46-	2946211	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	ı The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{		
С	: If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
ŭ	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
_			
<u>(I</u>) NAME OF FUNDRAISER: CAROLYN BESS CONSULTING		
<u>(I</u>) ADDRESS OF FUNDRAISER: 152 WALTER STREET, BOSTON, MA 02131		

Schedule G	G (Form 990 or 990-EZ)	SAFE	PASSAGE	PROJECT	CORPORATION	46-2946211	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (c	continued)				
	• •		,				

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SAFE PASSAGE PROJECT CORPORATION

Employer identification number 46-2946211

PAGE 1 LINE 22 OR PAGE 11 LINE 33

MODEST OPERATING SURPLUS HAS ALLOWED US TO BUILD A HEALTHY OPERATING RESERVE, WHICH IS NECESSARY TO MANAGE THE CASH FLOW FLUCTUATIONS THAT ACCOMPANY INCREASED GOVERNMENT FUNDING, AND WHICH IS CRITICAL IN FACILITATING OUR CONTINUED EXPANSION.

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

COPY WAS PROVIDED TO THE FULL BOARD

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

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE A DECISION IS MADE AS TO WHETHER TO APPROVE THE TRANSACTION. THE BOARD ALSO CONSIDERS WHETHER THERE ARE ANY ALTERNATIVES TO THE TRANSACTION IN WHICH A CONFLICT IS INVOLVED.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS UPON CAREFUL DELIBERATION, WHICH INCLUDES THE REVIEW OF COMPARABILITY DATA AND A COMPREHENSIVE ANNUAL PERFORMANCE REVIEW.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2019)