THE LIVESAY GROUP, PLLC 185 Pasadena Drive Suite 255 LEXINGTON, KY 40503 (859) 296-1913

November 4, 2021

Safe Passage, Inc. 3341 Boston Rd. Lexington, KY 40503

Dear Cara,

Enclosed is the 2020 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, for Safe Passage, Inc. for the tax year ending December 31, 2020.

Your 2020 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Bobby Livesay

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	or the	2020 calendar year, or tax year beginning , 2020, and ending		, 20
B	Check if ap	plicable: C Name of organization D Emp	oloyer identificat	ion number
	Address cl	mange Safe Passage, Inc. 83	-1503303	
	Name cha		phone number	
$\overline{}$	Initial retur	5541 Boscott Na.	99636877	
=	Final return Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exemption	-
=	Amended Application	Lovington KV 40503	mber ▶	
			▶ ☐ if the ord	ganization is not
	Website	9 10 10 10 10 10 10 10 10 10 10 10 10 10	d to attach Sch	
JΤ	ax-exen		990, 990-EZ, or	
		organization: 🗵 Corporation 🔲 Trust 🔲 Association 🔲 Other		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	3	
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	101,517.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions for Pa	
		Check if the organization used Schedule O to respond to any question in this Part I		(2)
	1	Contributions, gifts, grants, and similar amounts received	1	101,490.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	27.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
Je v		from fundraising events reported on line 1) (attach Schedule G if the		
ш		sum of such gross income and contributions exceeds \$15,000) 6b		
	C	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
		line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	101,517.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
es	12	Salaries, other compensation, and employee benefits	12	48,443.
us	13	Professional fees and other payments to independent contractors	13	6,459.
Expenses	14	Occupancy, rent, utilities, and maintenance	14	250.
ŵ	15	Printing, publications, postage, and shipping	15	1,078.
	16	Other expenses (describe in Schedule O)	16	12,955.
	17	Total expenses. Add lines 10 through 16	17	69,185.
Ś	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	32,332.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)	19	105,458.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	137,790.

Pai				D = 14 II		
	Check if the organization used Schedule	O to respond to an				
				(A) Beginning of year		<u> </u>
22	Cash, savings, and investments				22	145,436.
23	Land and buildings				23 24	
24	Other assets (describe in Schedule O)				24 25	1/5 /26
25	Total list little (describe in School 19 C)				26 26	7,646.
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column		_		26 27	137,790.
27	t III Statement of Program Service Accom				21	137,790.
I CII	Check if the organization used Schedule					Expenses
\/\ha		See Part III		artii		ired for section
					. ,	(3) and 501(c)(4) izations; optional for
as m	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the	e services provided	, the number of	others	
28	Youth Prevention and Community Tra	aining				
	(Grants \$ 0.) If this amount	includes foreign gra	nts, check here .	▶ □	28a	22,584.
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	29a	
30						
-		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ </u>	31a	00 504
20	Total program contino expenses (add lines 20s t					
	Total program service expenses (add lines 28a t				32	22,584.
	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	pensated—see the in	struct	tions for Part IV)
		Employees (list each O to respond to ar	one even if not comp	ensated-see the in	struct	tions for Part IV)
	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp ny question in this	pensated—see the in Part IV	struct	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struct	tions for Part IV)
Par Kyl	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struct	tions for Part IV)
Par Kyl Cha	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyl Cha And	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck irman crea Clemons cretary	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyl Cha And	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck irman drea Clemons	(b) Average hours per week devoted to position 2.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyl Cha And Sec Cir	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck tirman drea Clemons tretary ady Atha easurer	Cemployees (list each O to respond to an (b) Average hours per week devoted to position 2.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyl Cha And Sec Cir Tre	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck Lirman Area Clemons Eretary Ady Atha Basurer Chard Bayless	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struct	Estimated amount of her compensation 0.
Kyll Cha And Sed Cir Tre	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title La Beck Lirman Brea Clemons Eretary Edy Atha Lasurer Chard Bayless and Member	(b) Average hours per week devoted to position 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struct	Estimated amount of her compensation
Kyl Cha And Sec Cir Tre Ric Boa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck Airman Area Clemons Eretary Ady Atha Basurer Chard Bayless Ard Member Ezabeth Conner	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0	struct	Estimated amount of her compensation 0. 0.
Kyl Cha And Cir Tre Ric Boa Eli Boa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck Lirman Area Clemons Liretary Lidy Atha Leasurer Lihard Bayless Liard Member Lizabeth Conner Light Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struct	Estimated amount of her compensation 0.
Kyl Cha Anc Cir Tre Ric Boa Cli	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck Lirman Area Clemons Lretary Lady Atha Leasurer Chard Bayless Lard Member Lyabeth Conner Lyabeth Conner Lyabeth Conner Lyabeth Elliott	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 . 0 . 0 .	struct	Estimated amount of her compensation 0. 0. 0.
Kyll Cha And Sec Cir Tre Boa Eli Boa Cli Boa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck Lirman Area Clemons Cretary Ady Atha Easurer Chard Bayless Ard Member Labeth Conner Ard Member Int Elliott Ard Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0	struct	Estimated amount of her compensation 0. 0.
Kyll Cha And Sed Cir Tre Ric Boa Eli Boa Bra	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title a Beck Lirman Area Clemons Eretary Ady Atha Basurer Chard Bayless Ard Member Labeth Conner Ard Member Int Elliott Ard Member Andon Sowder	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0	struct	Estimated amount of her compensation 0. 0. 0. 0.
Kyll Cha Anc Sec Cir Tre Ric Boa Elii Boa Bra Boa	Check if the organization used Schedule (a) Name and title (a) Rame and title (b) A chack cirman Area Clemons Aretary Ady Atha Basurer Chard Bayless Ard Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 . 0 . 0 .	struct	Estimated amount of her compensation 0. 0. 0.
Kyll Cha And Sec Cir Ric Boa Elii Boa Bra Boa Can	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title La Beck Lirman Crea Clemons Cretary Edy Atha Casurer Chard Bayless Card Member Cabeth Conner Card Member Card Memb	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyll Cha And Sec Cir Ric Boa Elii Boa Bra Boa Can	Check if the organization used Schedule (a) Name and title (a) Rame and title (b) A chack cirman Area Clemons Aretary Ady Atha Basurer Chard Bayless Ard Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0	struct	Estimated amount of her compensation 0. 0. 0. 0.
Kyll Cha And Sec Cir Ric Boa Elii Boa Bra Boa Can	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title La Beck Lirman Crea Clemons Cretary Edy Atha Casurer Chard Bayless Card Member Cabeth Conner Card Member Card Memb	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyll Cha And Sec Cir Ric Boa Elii Boa Bra Boa Can	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title La Beck Lirman Crea Clemons Cretary Edy Atha Casurer Chard Bayless Card Member Cabeth Conner Card Member Card Memb	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyll Cha And Sec Cir Ric Boa Elii Boa Bra Boa Can	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title La Beck Lirman Crea Clemons Cretary Edy Atha Casurer Chard Bayless Card Member Cabeth Conner Card Member Card Memb	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyll Cha And Sec Cir Ric Boa Elii Boa Bra Boa Can	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title La Beck Lirman Crea Clemons Cretary Edy Atha Casurer Chard Bayless Card Member Cabeth Conner Card Member Card Memb	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyll Cha And Sec Cir Ric Boa Elii Boa Bra Boa Can	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title La Beck Lirman Crea Clemons Cretary Edy Atha Casurer Chard Bayless Card Member Cabeth Conner Card Member Card Memb	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)
Kyll Cha And Sec Cir Ric Boa Elii Boa Bra Boa Can	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title La Beck Lirman Crea Clemons Cretary Edy Atha Casurer Chard Bayless Card Member Cabeth Conner Card Member Card Memb	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	ions for Part IV)

REV 09/08/21 PRO

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	0100-040-0	×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ► KY			
42a	The organization's books are in care of ► Cara Starns Telephone no. ► (859)	9) 96	3-68	77
	1 1 1 2 2 2 4 1			
b	Located at ► 3341 Boston Road, Lexington KY At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	20039EE	# H. B. (1/2)
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	+3d	168.53	SOUTH A
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		×
		: 1[]		. ^

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

								Yes	No
46		ne organization engage, directly or in							
		ndidates for public office? If "Yes," o		Part I	· · · ·	· · ·	. 46		×
Part		Section 501(c)(3) Organizations		otions 17 10b and 1	=0 and aar	mplata the	a tablaa	امد انم	00
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.								
		Check if the organization used Scl	hadula () to respond	to any question in th	nic Part VI				П
		Officer if the organization used Sci	riedule O to respond	to any question in ti	iis i ait vi	<u> </u>		Yes	No
47	Did t	he organization engage in Jobbying	activities or have a s	section 501(h) election	n in effect o	luring the	tax	163	NO
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II								×	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							 	×
49a		ne organization make any transfers to		d (1)				1	×
b		es," was the related organization a se					. 49b	-	
50		olete this table for the organization's					ors, truste	es, an	d key
		oyees) who each received more thar							
			(b) Average	(c) Reportable	(d) Health		(a) Fatimat		of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,		(e) Estimat other cor		
			devoted to position	(FORMS W-2/1099-MISC)	compen	sation			
None	; 								
f	Total	number of other employees paid ov	or \$100,000						
51		plete this table for the organization			contractors	who each	received	lmore	than
٠.	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."	Contractors	who caci	i icccivec	111016	, triari
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	ico	(a)	Compensa	ion	
	(4)		dent contractor	(b) Type of serv	ice	(6)	Compensa	lion	
None									
d	Total	number of other independent contra	actors each receiving	over \$100,000	•				
52		the organization complete Schedu			nizations m	ust attack			
		oleted Schedule A					► 🛛 Ye	я П	No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ving schedules and stateme	ents, and to the	best of my kr			
true, co	rrect, an	d complete. Declaration of preparer (other than	n officer) is based on all info	ormation of which preparer h	nas any knowled	dge.	······································		
٠.		\			11/	04/2021			
Sign		Signature of officer			Date)			
Here		Cara Starns, Presiden	ıt						
		Type or print name and title	In						
Paid		Print/Type preparer's name	Preparer's signature	Da		Check	if PTIN	1000	1 4
Prep		Bobby Livesay	T TOVY		L/04/2021		yed P004		4
Use	Only	Firm's name THE LIVESAY GE		TEVINOMON ""	10500	's EIN ▶52			
May t	he IRS	Firm's address ► 185 Pasadena D discuss this return with the prepare			4UJUJ Pho	ne no. (8	59) 296		
		with the propare	. Showin above: See I				► Ye	5	No

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 8: Other Revenue

Continuation Statement

Description	Amount
Miscellaneous Revenue	

Total

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

Continuation Statement

Description	Amount
Office Supplies	299.
Miscellaneous General & Administrative	64.
Dues & Subscriptions	1,167.
Insurance	6,820.
Bank Fees	258.
Office Equipment	542.
Stripe Transfer Fees	1,086.
Business Expenses	899.
Event Expenses	1,820.
Total	12,955.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose
To support trafficked and high-risk children
through Christ-centered, trauma-informed
and specialized services which are relevant
to trafficking recovery.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization					Employer identification	number		
Safe Passage, Inc.					83-1503303			
Part I Reason for Public Charity						ons.		
The organization is not a private foundation								
1 A church, convention of churches								
2 A school described in section 17								
	 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 							
hospital's name, city, and state:								
5 An organization operated for the								
6 A federal, state, or local governm	ent or governi	mental unit described	in sectio	on 170(b)	(1)(A)(v).			
7 An organization that normally red described in section 170(b)(1)(A)	ceives a subst	tantial part of its supp	port from	a gover	nmental unit or from	the general public		
8 A community trust described in s			Part II.)					
9 An agricultural research organiza				erated in	conjunction with a l	and-grant college		
or university or a non-land-grant of university:	college of agri	iculture (see instructio	ons). Ente	er the nam	ne, city, and state of	the college or		
10 An organization that normally rec	eives (1) more	than 331/3% of its su	pport fro	m contrib	utions, membership	fees, and gross		
receipts from activities related to support from gross investment in acquired by the organization after	come and unr	elated business taxal	ole incom	ne (less se	ection 511 tax) from	331/3% of its businesses		
11 An organization organized and or	perated exclus	sively to test for public	safety.	See secti	on 509(a)(4).			
12 An organization organized and op	perated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out the purposes		
of one or more publicly supported Check the box in lines 12a throug	ed organization h 12d that des	ns described in secti scribes the type of sup	on 509(a porting c	i)(1) or se organizatio	ection 509(a)(2). See on and complete line	e section 509(a)(3) es 12e, 12f, and 12g		
a Type I. A supporting organiza	ation operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving		
the supported organization(s) supporting organization. You	must comple	ete Part IV, Sections	A and B	•				
b Type II. A supporting organization	ation supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having		
control or management of the organization(s). You must co	supporting o	rganization vested in	the same	persons	that control or man	age the supported		
					iala			
c Type III functionally integrat its supported organization(s) (i eu. A support (see instructio	ns) You must comp	aled in C lete Part	onnection	ons A.D. and F	ally integrated with,		
d Type III non-functionally into					18 5	orted organization(s		
that is not functionally integra	ted. The organ	nization generally mus	st satisfy	a distribu	ition requirement an	orted organization(s		
requirement (see instructions)	. You must co	omplete Part IV, Sec	tions A a	and D, an	nd Part V.			
e	ation received	a written determination	on from th	ne IRS tha	at it is a Type I. Type	e II. Type III		
functionally integrated, or Typ	e III non-func	tionally integrated sup	porting o	organizati	on.	·, .,,p ·		
f Enter the number of supported org								
g Provide the following information a			T					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
/A)			103	140				
(A)								
(B)								
(C)								
(D)								
(E)								
Total			ELCONOMIC POLICE					

Part		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 1, Or 8 Of	Part I or If the	e organizatio	n failed to qu	ality under
Secti	on A. Public Support	quality unde	er the tests is	sted below, p	lease comple	ete Part III.)	
	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,		(1)	(4) 20 / 0	(0) 2020	(1) 1014
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
Calen 7	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the	organization's	s first, second	, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	organization, check this box and stop her on C. Computation of Public Suppor	t Dorocates					🕨 🗆
14	Public support percentage for 2020 (line 6	column (f) d	ivided by line :	11 column (f)		44	
15 16a	Public support percentage from 2019 Sch 33 ¹ /3% support test—2020. If the organization	edule A, Part zation did not	II, line 14 . check the box	 con line 13. ar	 nd line 14 is 33	14 15 31/3% or more,	% % check this
b	box and stop here. The organization qualifies as a publicly supported organization						
1 7a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	119. If the organ meets the facts-and-cire	anization did n acts-and-circur cumstances te	ot check a boomstances test, est. The organiz	x on line 13, 1 check this bo zation qualifies	6a, 16b, or 17 x and stop he s as a publicly	a, and line re. Explain supported
18	Private foundation. If the organization of instructions	did not check	a box on line	13, 16a, 16b,	17a or 17b	check this ho	y and see

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	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			28,143.	144,501.	101,490.	274,134.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .			28,143.	144,501.	101,490.	274,134.
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						
с 8	Add lines 7a and 7b						274,134.
Secti	on B. Total Support		a anggaz menalagan panggan terbanasya a labah				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6			28,143.	144,501.	101,490.	274,134.
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 11	Add lines 10a and 10b 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.)			28,143.	144,501.	101,490.	274,134.
14	First 5 years. If the Form 990 is for the organization, check this box and stop he			l, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line	B, column (f), c	divided by line	13, column (f))		15	100 %
16	Public support percentage from 2019 Scl	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17 18 19 a	Investment income percentage for 2020 (Investment income percentage from 2019 331/3% support tests—2020. If the organ	Schedule A,	Part III, line 17			18	0 % %
150	17 is not more than 331/3%, check this box	and ston here	. The organizati	on qualifies as:	iu iiile 13 IS II a publicly supp	orted organizati	
b	331/3% support tests—2019. If the organize line 18 is not more than 331/3%, check this	zation did not d	check a box on	line 14 or line 1	19a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation. If the organization di						

Part IV Supporting Organizations

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

Section A. All Supporting Organization	S
--	---

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
9 <i>y</i>	1		
s d	2		
r	3a	E a co	
d e	3b		
3)	3b		8521 8541
lf	4a		
ก ว	4b		
n d			
" V ;	4c		
y	5a 5b		±2.
o d r	5c		
r ⁄	7		
?	8		
e S			
1	9a 9b		
t	9b		, i
ì			W. W
)	10a 10b		
_	.00		

THE LIVESAY GROUP, PLLC 185 Pasadena Drive Suite 255 LEXINGTON, KY 40503 (859) 296-1913

November 4, 2021

Safe Passage, Inc. 3341 Boston Rd. Lexington, KY 40503

Dear Cara,

Enclosed is the 2020 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, for Safe Passage, Inc. for the tax year ending December 31, 2020.

Your 2020 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely.

Bobby Livesay

Form **990-E**Z

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2020 calendar year, or tax year beginning 2020, and ending B Check if applicable: C Name of organization D Employer identification number 83-1503303 Address change Safe Passage, Inc. Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 3341 Boston Rd. 8599636877 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Lexington, KY 40503 Number ▶ Application pending Cash X Accrual Other (specify) ▶ H Check ► ☐ if the organization is not G Accounting Method: I Website: ▶ required to attach Schedule B N/A (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) − 🗶 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Form of organization: X Corporation ☐ Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. 101,490. 2 Program service revenue including government fees and contracts 2 3 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 101,517 Grants and similar amounts paid (list in Schedule O) 10 10 11 11 12 12 48,443. 13 13 6,459. 14 Occupancy, rent, utilities, and maintenance 14 250. 15 15 1,078. 16 16 12,955. 17 69,185. 17 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 32,332. Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 105,458. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 137,790.

Pa	`					
-	Check if the organization used Schedule	e O to respond to ar	ny question in this	Part II		
00	Cook equippe and investments		-	105,458.	22	145,436.
22 23	Cash, savings, and investments Land and buildings			103,430.	23	140,400.
24	Other assets (describe in Schedule O)				24	
25	Total assets		[105,458.	25	145,436.
26	Total liabilities (describe in Schedule O)		[0.	26	7,646.
27	Net assets or fund balances (line 27 of column			105,458.	27	137,790.
Par		•				Expenses
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check if the organization used Schedule			Part III	(Requ	uired for section
	t is the organization's primary exempt purpose?	See Part III			501(0	c)(3) and 501(c)(4) nizations; optional for
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the			other	
<u>-</u>	Youth Prevention and Community Tr					1
20	Touch Flevencion and Community in	.arming				
	(Grants \$ 0.) If this amount	t includes foreign gra	ants, check here .	🕨 🗌	28a	22,584.
29						
	/Oranta ©	t includes foreign gra	nta chaek bara		200	
30	·				29a	
00						
		t includes foreign gra	ants, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
32	(Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gra			31a 32	22,584.
Par						
	Check if the organization used Schedule					
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	(0)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	0	ther compensation
	2 Pook		(if not paid, enter -0-)	deferred compensation	on	
	a Beck irman	2.00	0.	0		0.
	rea Clemons	2.00	Ŭ.	0	+	0.
	retary	2.00	0.	0		0.
Cin	dy Atha		VI.			
	asurer	2.00	0.	0		0.
	hard Bayless					
	rd Member zabeth Conner	2.00	0.	0	+	0.
	rd Member	2.00	0.	0		0.
	nt Elliott			-		
Воа	rd Member	2.00	0.	0		0.
	ndon Sowder					
	rd Member	2.00	0.	0		0.
	a Starns nder and President	40.00	45 000			0
100	made and restable	40.00	45,000.	1	-	0.
					+	

Part	· ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
00			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		×
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	Section 40		
b	Did the organization file Form 1120-POL for this year?	37b	eco (telepro)	×
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ► KY	.00		
42a	The organization's books are in care of ▶ Cara Starns Telephone no. ▶ (85)	9) 96	3-68	77
	Located at ► 3341 Boston Road, Lexington KY ZIP+4 ► 4050	03		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country	42b	003310036	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		. ,	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
u	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45a		44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	V6.45.578	X
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	4		
		45h		X

Preparer Use Only Firm's name ► THE LIVESAY GROUP, PLLC Firm's address ► 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913				ACC 100 100 100 100 100	W 1971		200000		Yes	No
Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule 0 to respond to any question in this Part VI Ves No Ves No Ves No Ves Ves No Ves Ves Ves No Ves	46							46		×
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 A vive and 19 year? If "Yes," complete Schedule C, Part II 8 Is the organization as choose discorbed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X vive and 19 to the organization as the contraction 52 organization? 9 If "Yes," was the related organization as few brighten to organization? 9 If "Yes," was the related organization in Section 527 organization? 9 Organization was the properties of the organization section 527 organization? 9 If "Yes," was the related organization section 527 organization? 9 If "Yes," was the related organization section 527 organization? 9 If "Yes," was the related organization section 527 organization? 9 If "Yes," was the related organization section 527 organization? 9 If "Yes," was the related organization section 527 organization? 9 If "Yes," was the related organization section 527 organization? 9 If "Yes," was the related organization organization section 527 organization? 9 If "Yes," was the related organization organi	Part					· · · · · · · · · · · · · · · · · · ·	•	70		
Total number of other employees paid over \$100,000	القلنان			-	stions 47-49b and	52, and complete	the tak	oles f	or line	es
Ves No Ves No Ves No Ves No Ves No Ves No Ves Ves No Ves										
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			Check if the organization used Scl	nedule O to respond	to any question in the	nis Part VI	<i>.</i>			
Year If Year Complete Schedule C, Part II		V2007 53		50 SV 30					Yes	No
48	47									
1982 1 1 1 1 1 1 1 1 1		•								
b If "Yes," was the related organization a section \$27 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per wesk devoted to position None 1 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation 1 Total number of other employees paid over \$100,000 1 Owner and business address of each independent contractor (c) Name and business address of each independent contractor (d) Name and business address of each independent contractor (e) Type of service (e) Compensation 1 Total number of other independent contractors each receiving over \$100,000 1 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule of prepary localization of prepary forth than officer) is based on all information of which prepare has any knowledge and belief, it is not the part of the p			_	(4. (4.)4)				_		_
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (g) Reportable compensation (c) Reportable compensation (c) Reportable compensation (compensation) (g) Name and title of each employee (devoted to position) (g) Name and title of each employee paid over \$100,000 . ▶ 151 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Total number of other independent contractors (g) Compensation (g)					_	ation?				_ <u>×</u>
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to position None f Total number of other employees paid over \$100,000						er than officers dire	 ectors t		es and	d kev
(e) Name and title of each employee (b) Average (c) Reportable complexions to employee confidence to position (c) Provide the position (c) Provided to provided to position (c) Provided to provided to position (c) Provided to position (c) Provided to provided to position (c)	00									а ксу
f Total number of other employees paid over \$100,000 ▶ Complete this table for the organization's five highest companies and independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ▼ Yes □ No Index penalties of pripruly. Ideating that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. It is rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Paid Preparer Use Only Firm's name ➤ THE LIVESAY GROUP, PLIC Firm's address ➤ 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913				(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ benefit plans, and defen	ee (e) E	stimate	d amou	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date	None	!				· · · · · · · · · · · · · · · · · · ·				
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Completed Sche										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date							_			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 Did repenalties 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. 11/04/2021 Date	f	Tota	I number of other employees paid ov	er \$100,000	. ▶					
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c		Com	plete this table for the organization	s five highest compe	ensated independent	contractors who ea	ach rec	eived	more	than
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ▼ Yes □ No 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 prepare has any knowledge. Sign Here Print/Type or print name and title Print/Type or print name and title Print/Type preparer's name Bobby Livesay Firm's name ▶ THE LIVESAY GROUP, PLLC Firm's address ▶ 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913		\$100	0,000 of compensation from the organ	nization. If there is no	ne, enter "None."					
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ▼ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer		(a)) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Com	pensati	on	
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ▼ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer	None									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NOHE									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	***************************************									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A							-			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		Tala	I number of other lades and a lade	atau acatau a						
completed Schedule A										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Cara Starns, President Type or print name and title Print/Type preparer's name Bobby Livesay Firm's name ▶ THE LIVESAY GROUP, PLLC Firm's name ▶ THE LIVESAY GROUP, PLLC Firm's address ▶ 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913	JZ			IIE A! NOTE: All SE	, , , ,			Vac		No.
Sign Here Signature of officer Date	Under p			return, including accompany						-10-
Sign Here Signature of officer Cara Starns, President Type or print name and title Print/Type preparer's name Bobby Livesay Firm's name ▶ THE LIVESAY GROUP, PLLC Firm's address ▶ 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913	true, coi	rect, ar	nd complete. Declaration of preparer (other than	officer) is based on all info	rmation of which preparer h	nas any knowledge.	, moviec	.gc and	Juliel,	13
Cara Starns, President Type or print name and title Paid Preparer Bobby Livesay Firm's name ▶ THE LIVESAY GROUP, PLLC Firm's address ▶ 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913						11/04/20	21			
Type or print name and title Paid Preparer Bobby Livesay Firm's name ▶ THE LIVESAY GROUP, PLLC Firm's address ▶ 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913	_					Date				
Print/Type preparer's name Bobby Livesay Firm's name ► THE LIVESAY GROUP, PLLC Firm's address ► 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913	Here			t						
Preparer Use Only Sobby Livesay 11/04/2021 Check Lift Firm's name Firm's name Firm's address 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913 Check Lift Following self-employed P00496344				Dronovola -tt	Ta			D.T.I.		
Use Only Firm's name ► THE LIVESAY GROUP, PLLC Firm's EIN ► 52-2459404 Firm's address ► 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859) 296-1913	Paid			Preparer's signature		I Check	☐ if I		0624	4
Firm's address > 185 Pasadena Drive Suite 255, LEXINGTON, KY 40503 Phone no. (859)296-1913	-			POLID DITC	\bigcirc					4
M. H. IDO P. H.	Use	Only			TEXINGTON KA	72222				
	May th	ne IRS				Phone no.	(0)9)	296-] Yes		

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 8: Other Revenue

Continuation Statement

Description	Amount
Miscellaneous Revenue	

Total

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

Continuation Statement

Description	Amount
Office Supplies	299.
Miscellaneous General & Administrative	64.
Dues & Subscriptions	1,167.
Insurance	6,820.
Bank Fees	258.
Office Equipment	542.
Stripe Transfer Fees	1,086.
Business Expenses	899.
Event Expenses	1,820.
Total	12,955.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose	
To support trafficked and high-risk children	
through Christ-centered, trauma-informed	
and specialized services which are relevant	
to trafficking recovery.	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number

	e Passage, Inc.					83-1503303		
Pai	and speed						ons.	
The o	organization is not a private founda							
1	A church, convention of church							
2	= \(\lambda \cdot							
3	A hospital or a cooperative hos							
4	A medical research organization		onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the	
_	hospital's name, city, and state							
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit describ	ed in
6	A federal, state, or local govern							
7	An organization that normally			port fror	n a gover	nmental unit or fron	n the general p	oublic
_	described in section 170(b)(1)							
8	A community trust described in							
9	☐ An agricultural research organi	ization described	d in section 170(b)(1)	(A)(ix) or	perated in	conjunction with a l	and-grant colle	ege
	or university or a non-land-gra university:						_	
10	An organization that normally receipts from activities related	receives (1) more	e than 331/3% of its su	ipport fro	om contrib	outions, membership	fees, and gro	SS
	support from gross investment	t income and un	related business taxa	ble incor	ne (less s	ection 511 tax) from	businesses	
	acquired by the organization a	fter June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)		
11	An organization organized and							
12	An organization organized and	operated exclus	sively for the benefit o	f, to perf	orm the f	unctions of, or to ca	ry out the purp	poses
	of one or more publicly support	orted organization	ons described in sect	ion 509(a	a)(1) or s	ection 509(a)(2). Se	e section 509	(a)(3).
_	Check the box in lines 12a thro							-
а	_ ;							ving
	the supported organization supporting organization. Ye					the directors or trust	ees of the	
b								
b	☐ Type II. A supporting organ control or management of	the supporting of	sed or controlled in co	the com) WITH ITS S	supported organizati	on(s), by havin	g
	organization(s). You must				e persons	that control of man	age the suppo	rtea
С					connectio	n with and function	ally integrated	with
	its supported organization(s) (see instruction	ons). You must comp	lete Par	t IV, Sect	ions A, D, and E.		
d		integrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted organizat	ion(s)
	that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement ar	d an attentiver	ness
	requirement (see instruction							
е	- Chican and Son in the organ	ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III	
•	functionally integrated, or 7		tionally integrated sup	pporting	organizat	ion.		
g	Enter the number of supported or Provide the following information		orted organization(a)					
9	(i) Name of supported organization	(ii) EIN	Ι					
	(i) Name of supported organization	(11) (11)	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (
			above (see instructions))	docu	iment?	instructions)	instructions	
				Yes	No	1		
/A)								
(A)								
(B)								
(D)								
(C)								
()								
(D)								
(E)								
Total								
Total				STATE OF STATE				

instructions

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi)
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					,	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(soo instruction	ono)			40	
13	First 5 years. If the Form 990 is for the			third fourth	or fifth tax w	12	n FO1(a)(2)
. •	organization, check this box and stop he					· · · · · ·	
Secti	on C. Computation of Public Suppor		e		<u> </u>		
14	Public support percentage for 2020 (line			11. column (f))		14	%
15	Public support percentage from 2019 Sch	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2020. If the organi	ization did not	check the box	on line 13, ar	nd line 14 is 33	3 ¹ /3% or more,	check this
h	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2019. If the organithis box and stop here. The organization	qualifies as a	check a box o publicly suppo	n line 13 or 16 rted organizati	Sa, and line 15 ion	is 33 ¹ / ₃ % or m	ore, check ► □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization metal Part VI how the organization meets the organization	neets the facts facts-and-circ	-and-circumstaumstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	and stop here. s as a publicly	Explain in supported •
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circur cumstances te	mstances test, est. The organi	check this bozation qualifie	ox and stop he rs as a publicly	re. Explain supported
18	Private foundation. If the organization						

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			28,143.	144,501.	101,490.	274,134.
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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						
	-			20 142	144 501	101 400	074 124
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			28,143.	144,501.	101,490.	274,134.
1 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						274,134.
	on B. Total Support			-			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6			28,143.	144,501.	101,490.	274,134.
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						
•	Add lines 10a and 10b						
С 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.)			28,143.			274,134.
14	First 5 years. If the Form 990 is for the	-			,		. , , ,
	organization, check this box and stop he						🕨 🗆
	on C. Computation of Public Suppor			10 1 (0)			
15 16	Public support percentage for 2020 (line 8 Public support percentage from 2019 Sch						100 %
	on D. Computation of Investment In				 	16	%
17	Investment income percentage for 2020 (ov line 13 colu	ımn (fl)	17	0 %
18	Investment income percentage from 2019					18	""" """ """ """ """ """ """ """ """ ""
19a	331/3% support tests—2020. If the organ						
100	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizati	on . \blacktriangleright \mathbf{X}
b	331/3% support tests - 2019. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions $ ightharpoonup$

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
ng Dy	1		
us ed			
er	2 3a		l general de la constant de la const
nd ne			
B)	3b		3554 1644
lf	3c		
gn o <i>n</i>	4a 4b		
on ed B)			
i," IN n; on	4c		
dy	5a 5b		
	5c		
to ed or			
or ty	6		
?	8		
re ns			
ch	9a 9b		
fit	9b		
on ed			
to	10a 10b		
rm (990-F7	2) 2020

Part I	V Supporting Organizations (continued)			
		SHARE	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?			
b				
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	11b	60 KK	新产业文
·	detail in Part VI.	11c	T-2011008	
Section	on B. Type I Supporting Organizations	1		l
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Section	on C. Type II Supporting Organizations		V	N.
1 Section	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). on D. All Type III Supporting Organizations	1	Yes	No
Section	on b. 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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see In the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.		struci	
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 that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).		ntegrated Type III suppo	rting organization

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D-Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			0.256,280	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years		Section 1989 The Advisory of the Control of the Con	Stanton	The ALACE TO THE PROPERTY OF T
b_	Applied to 2020 distributable amount				ONE THE CENTER POR SALES THE CONTRIBUTE TO STOWAY.
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6				1933	
O	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				
				-	

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

Safe	Passage, Inc.	83-1503303				
Organization type (check one):						
Filers o	ers of: Section:					
Form 990 or 990-EZ		∑ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation			
		☐ 527 political organization				
Form 990-PF		☐ 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundary	tion			
		☐ 501(c)(3) taxable private foundation				
01 1 11						
	nly a section 501(c)(7	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See			
Genera	Rule					
×	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
Safe Passage, Inc.

Employer identification number
83-1503303

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4			
1	Anonymous 3341 Boston Rd. Lexington KY 40503	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	The Cralle Foundation 1300 Clear Springs Trace, Suite 9 Louisville KY 40223	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Chad & Rhea Zigmund 1000 Northside Drive NW Apt 1606 Atlanta GA 303180301	\$ <u>9,509.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	The Rock CARES Foundation P.O. Box 43065 Louisville KY 40253	\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	Peter & Ashley Schmitt 805 Chinoe Rd. Lexington KY 40502	\$ <u>7,619.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	

Name of organization
Safe Passage, Inc.

Employer identification number

83-1503303

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
		\$	

Name of organization
Safe Passage, Inc.

Employer identification number
83-1503303

Part III	(10) that total more than \$1,000 for the following line entry. For organiza	r the year from any tions completing Pa	one contributor. (Complete columns (a) through (e) and of exclusively religious, charitable, etc., ee instructions.)		
	contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 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		Relation	nship of transferor to transferee		
(a) No. from	(b) Purpose of gift (c) Use		of gift (d) Description of how gift is he			
Part I						
		(a) Trans	for of with			
	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee		
(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		Relation	nship of transferor to transferee		
(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					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Name of the organization **Employer identification number** Safe Passage, 83-1503303 Inc. Pt I, Line 8: Description: Miscellaneous Revenue 0 Pt I, Line 16: Description: Office Supplies \$299 Description: Miscellaneous General & Administrative \$64 Description: Dues & Subscriptions \$1,167 Description: Insurance \$6,820 Description: Bank Fees \$258 Description: Office Equipment \$542 Description: Stripe Transfer Fees \$1,086 Description: Business Expenses \$899 Description: Event Expenses \$1,820

efiled: 5-10-21 accepted: 5-10-21

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or 83-1503303 Safe Passage, Inc. print Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 3341 Boston Rd. filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See Lexington KY 40503 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Application Return Application Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 08 Form 990-BL 02 Form 1041-A Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ► Cara Starns Telephone No. ► (859) 963-6877 Fax No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box 👚 . . . 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until $\underbrace{\text{Nov } 15}$, 20 $\underbrace{21}$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 20 or ▶ 🗌 tax year beginning ________, 20 ______, and ending _________, 20 ______. If the tax year entered in line 1 is for less than 12 months, check reason: \square Initial return \square Final return ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ 0. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment