



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**PASSAGE HOME, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

712 WEST JOHNSON ST

Room/suite

City or town, state or country, and ZIP + 4

RALEIGH**NC 27603****D** Employer identification number**56-1765360****E** Telephone number**919-834-0666****G** Gross receipts \$ **2,764,693****F** Name and address of principal officer:**BRENDA COMPTON****712 WEST JOHNSON ST****RALEIGH****NC 27603****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates

included?

☐ Yes☐ No

If "No," attach a list (see instructions)

I Tax-exempt status☒ 501(c)(**3**)

(Insert no.)

☐ 4947(a)(1) or☐ 527**J** Website: **WWW.PASSAGEHOME.ORG****H(c)** Group exemption number ▶**K** Type of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation**1991****M** State of legal domicile**NC****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities**PASSAGE HOME'S MISSION IS TO STRENGTHEN LOW WEALTH FAMILIES AND
NEIGHBORHOODS USING A COMMUNITY ECONOMIC DEVELOPMENT STRATEGY.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3** **12****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **12****5** Total number of employees (Part V, line 2a)**5** **28****6** Total number of volunteers (estimate if necessary)**6** **550****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b****0**

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

1,864,331**2,209,633****9** Program service revenue (Part VIII, line 2g)**482,007****432,101****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**1,157****2,963****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**7,295****12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)**2,354,790****2,644,697**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)**915,232****876,821****16a** Professional fundraising fees (Part IX, column (A), line 11e)**2,437****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **26,509****17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)**1,338,438****1,278,744****18** Total expenses—Add lines 13–17 (must equal Part IX, column (A), line 25)**2,253,670****2,158,002****19** Revenue less expenses—Subtract line 18 from line 12**101,120****486,695**Net Assets or
Fund Balances**20** Total assets (Part X, line 16)

Beginning of Current Year

End of Year

7,339,079**7,803,948****21** Total liabilities (Part X, line 26)**6,627,027****6,605,201****22** Net assets or fund balances—Subtract line 21 from line 20**712,052****1,198,747****Part II Signature Block**Sign
Here

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.

Signature of officer

Date

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)
P00394550Firm's name (or yours
if self-employed),
address, and ZIP + 4**PETWAY MILLS & PEARSON, PA****P.O. Box 1036****Zebulon, NC 27597-1036**

EIN ▶

20-2102404

Phone

no ▶ 919-269-7405

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

DAA

SCANNED MAR 17 2011

917

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

PASSAGE HOME'S MISSION IS TO STRENGTHEN LOW WEALTH FAMILIES AND NEIGHBORHOODS USING A COMMUNITY ECONOMIC DEVELOPMENT STRATEGY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **1,848,074** including grants of \$) (Revenue \$)
PROGRAMS AND ACTIVITIES TO SUPPORT MISSION (AND FOR WHICH FUNDING HAS BEEN USED) INCLUDES:
DEVELOPING TRANSITIONAL AND PERMANENT AFFORDABLE HOUSING.
CREATING BUSINESS, EMPLOYMENT AND JOB TRAINING OPPORTUNITIES.
PROVIDING PROGRAMS AND SERVICES TO FAMILIES AND INDIVIDUALS TO INCREASE ECONOMIC SELF SUFFICIENCY IN FAMILIES AND NEIGHBORHOODS.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **1,848,074**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. - Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	12	
b	Enter the number of voting members that are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **PASSAGE HOME FINANCE OFFICE** **PO BOX 10347**

RALEIGH

NC 27605

919-834-0666

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETTIE JEAN BURRELL DIRECTOR		X						1,376	0	0
BRENDA COMPTON BOARD CHAIR		X		X				0	0	0
DON CAMDEN VICE CHAIR		X		X				0	0	0
GEORGE PRINGLE TREASURER		X		X				0	0	0
ROSA SHERK SECRETARY		X		X				0	0	0
MICHELLE BRIDGES DIRECTOR		X						0	0	0
HARVEY HORTON DIRECTOR		X						0	0	0
CYNTHIA JONES DIRECTOR		X						0	0	0
CHERYL LANE DIRECTOR		X						0	0	0
ROBERT DALY DIRECTOR		X						0	0	0
RON DAY DIRECTOR		X						0	0	0
PHIL RITCHIE DIRECTOR		X						0	0	0
JEANNE TEDROW CEO				X				64,515	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								65,891		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,987,016			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	222,617			
	g Noncash contributions included in lines 1a-1f	\$	4,500			
	h Total. Add lines 1a-1f		2,209,633			
Program Service Revenue		Busn. Code				
	2a PROGRAM RENTALS		269,501	269,501		
	b MILLBROOK VILLAS, LLC		76,500	76,500		
	c MANAGEMENT FEES		31,638	31,638		
	d PROGRAM FEES		28,081	28,081		
	e SALE OF DONATED MERCHANDISE		14,069		14,069	
	f All other program service revenue		12,312	12,312		
	g Total. Add lines 2a-2f		432,101			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,994			1,994
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		120,965				
	b Less cost or other basis & sales exps		119,996			
	c Gain or (loss)		969			
	d Net gain or (loss)		969	969		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. See instructions			2,644,697	419,001	0	16,063

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	73,709	56,350	16,968	391
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	621,127	474,903	142,929	3,295
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	115,854	81,665	32,490	1,699
10 Payroll taxes	66,131	46,292	18,517	1,322
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,700		17,700	
d Lobbying				
e Professional fundraising services See Part IV, line 17	2,437			2,437
f Investment management fees				
g Other	83,915	75,824	7,857	234
12 Advertising and promotion				
13 Office expenses	47,121	38,182	8,325	614
14 Information technology				
15 Royalties				
16 Occupancy	302,375	294,248	7,286	841
17 Travel	10,264	6,406	3,701	157
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	93,645	91,230	2,415	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	224,234	218,659	4,460	1,115
23 Insurance	37,072	25,991	10,081	1,000
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a HOUSING SERVICES	149,766	147,423	1,448	895
b OTHER PROGRAM ACTIVITIES	142,192	142,192		
c VEHICLE & MAINT.	86,530	86,377		153
d IN-KIND	31,178	31,178		
e OTHER EXPENSES	27,753	19,172		8,581
f All other expenses	24,999	11,982	9,242	3,775
25 Total functional expenses. Add lines 1 through 24f	2,158,002	1,848,074	283,419	26,509
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	193,241	1	205,056
	2 Savings and temporary cash investments	3,905	2	
	3 Pledges and grants receivable, net	171,781	3	152,266
	4 Accounts receivable, net		4	955
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	483,387
	9 Prepaid expenses and deferred charges	16,515	9	301
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 8,102,543		
	b Less: accumulated depreciation	10b 1,297,210	6,711,779	10c 6,805,333
	11 Investments—publicly traded securities	119,996	11	
	12 Investments—other securities. See Part IV, line 11.		12	
	13 Investments—program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	121,862	15	156,650
16 Total assets. Add lines 1 through 15 (must equal line 34).	7,339,079	16	7,803,948	
Liabilities	17 Accounts payable and accrued expenses	49,821	17	53,339
	18 Grants payable		18	
	19 Deferred revenue	52,000	19	45,643
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,381,367	23	6,458,641
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.	143,839	25	47,578
	26 Total liabilities. Add lines 17 through 25.	6,627,027	26	6,605,201
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	712,052	27	1,138,589
	28 Temporarily restricted net assets		28	60,158
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	712,052	33	1,198,747
34 Total liabilities and net assets/fund balances	7,339,079	34	7,803,948	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,364,048	1,770,289	1,639,226	1,864,331	2,209,633	8,847,527
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	1,364,048	1,770,289	1,639,226	1,864,331	2,209,633	8,847,527
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						8,847,527

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,364,048	1,770,289	1,639,226	1,864,331	2,209,633	8,847,527
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		4,157	7,424	1,157	1,994	14,732
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	52,116	44,505	44,447	7,295	14,069	162,432
11 Total support. Add lines 7 through 10						9,024,691
12 Gross receipts from related activities, etc. (see instructions)					12	1,739,296
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.04 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.54 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.**Part II, Line 10 - Other Income Detail**

MISC REVENUE	\$	85,497
INSURANCE SETTLEMENT	\$	25,329
SPECIAL EVENTS	\$	37,537

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

PASSAGE HOME, INC.**56-1765360****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		123,362		123,362
b Buildings		6,437,102	850,613	5,586,489
c Leasehold improvements		1,383,283	334,739	1,048,544
d Equipment		158,796	111,858	46,938
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,805,333

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection**PASSAGE HOME, INC.**Employer identification number
56-1765360**Form 990, Part III, Line 4d - All Other Achievements**

**PROVIDED TRANSITIONAL HOUSING TO INDIVIDUALS RELEASED FROM
CORRECTIONAL FACILITIES AND OTHER INDIVIDUALS AND
FAMILIES IN ECONOMIC NEED.**

**Form 990, Part VI, Line 11a - Organization's Process to Review Form 990
990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE AND THEN SUBMITTED TO THE
BOARD FOR FINAL REVIEW AND DISCUSSION.**

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
THE POLICY IS REVIEWED ANNUALLY. ANY CONFLICTS ARE DISCUSSED AND RESOLVED
AT THAT TIME.**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE TOP
MANAGEMENT OFFICIAL.**

**Form 990, Part VI, Line 15b - Compensation Process for Officers
THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR OFFICERS AND
KEY EMPLOYEES.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
GOVERNING DOCUMENTS, ORGANIZATIONAL POLICIES AND FINANCIAL STATEMENTS ARE
AVAILABLE FOR VIEWING BY THE PUBLIC AT THE ORGANIZATIONS OFFICE UPON
REQUEST.**

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

PASSAGE HOME, INC.Employer identification number
56-1765360**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MILLBROOK VILLAS, LLC 712 WEST JOHNSON ST RALEIGH NC 27603 56-2159204	RENTAL	NC	76,500	593,173	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Mortgages and Other Notes Payable

Forms

990 / 990-PF**2009**For calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10**

Name

Employer Identification Number

PASSAGE HOME, INC.**56-1765360****Form 990, Part X, Line 23 - Additional Information**

Name of lender	Relationship to disqualified person
(1) WAKE COUNTY	
(2) CITY OF RALEIGH	
(3) CITY OF RALEIGH	
(4) CITY OF RALEIGH	
(5) NC HOUSING HOUSING FINANCE AGENCY	
(6) NC HOUSING FINANCE AGENCY	
(7) CITY OF RALEIGH	
(8) BRANCH BANKING & TRUST	
(9) BRANCH BANKING & TRUST	
(10) CITY OF RALEIGH	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		01/01/35	ANN. INSTALLMENTS OF \$8500	0.000
(2)		03/01/34	MTHLY INSTALLMENTS OF \$766	0.000
(3)		05/24/25	\$700/MONTH	2.000
(4)		03/01/26	\$275/MONTH	2.000
(5)		12/31/23	\$500/MONTH	0.000
(6)			REDUCED BY 5% EACH YEAR	0.000
(7)		12/31/30	\$1478/MONTH	2.000
(8)		06/02/08	\$1555/MONTH	6.500
(9)		03/13/13	DUE IN FULL AT MATURITY	5.250
(10)		08/08/35	BALANCE WILL BE FORGIVEN	0.000

Security provided by borrower	Purpose of loan
(1) DEED OF TRUST ON FRANKLIN WOODS II	
(2) DEED OF TRUST ON FRANKLIN WOODS II	
(3) DEED OF TRUST ON BROWN BIRCH II BLDG	
(4) DEED OF TRUST ON BROWN BIRCH II BLDG	
(5) MILLBROOK VILLA LLC'S BLDG	
(6) 3RD MORT ON MLBRK VILLA LLC BLDG	
(7) DEED OF TRUST - MLBRK VILLA LLC BLDG	
(8) MILLBROOK VILLA LLC BLDG	
(9) WILSON STREET BUILDING	
(10) SAFETY CLUB	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	208,977	200,618
(2)	226,784	217,591
(3)	377,745	376,892
(4)	165,000	165,000
(5)	131,191	122,500
(6)	49,500	45,000
(7)	308,813	297,126
(8)	156,438	147,294
(9)	141,887	
(10)	160,000	160,000
Totals	1,926,335	1,732,021

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2009
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		
Name PASSAGE HOME, INC.		Employer Identification Number 56-1765360

Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) BRANH BANKING & TRUST	
(2) NC HOUSING FINANCE AGENCY	
(3) WAKE COUNTY	
(4) WAKE COUNTY	
(5) WAKE COUNTY	
(6) NC HOUSING FINANCE AGENCY	
(7) CITY OF RALEIGH	
(8) BRANCH BANKING & TRUST	
(9) BRANCH BANKING & TRUST	
(10) BRANCH BANKING & TRUST	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		03/15/13	\$1632/MONTH	5.250
(2)		03/01/24	\$990/MONTHLY	0.000
(3)		01/01/23	\$100,000 PMT AT MATURITY	0.000
(4)		01/01/24	\$2500/YEAR	0.000
(5)		07/11/35	NO CURRENT PRINCIPAL PMTS	0.000
(6)		07/01/35	NO CURRENT PRINCIPAL PMTS	0.000
(7)		07/11/35	NO CURRENT PRINCIPAL PMTS	0.000
(8)		01/22/12	\$1612/MONTH	1.000
(9)		03/15/13	DUE IN FULL AT MATURITY	5.250
(10)		09/20/08	DUE IN FULL AT MATURITY	5.250

Security provided by borrower	Purpose of loan
(1) 712 WEST JOHNSON STREET PROPERTY	
(2) DEED OF TRUST ON FRNKLN WOODS BLDG	
(3) DEED OF TRUST ON FRNKLN WOODS BLDG	
(4)	
(5) HOLLENDEN & PROMISSORY NOTE	
(6) LEASES AND RENT OF HOLLENDEN	
(7) HOLLENDEN & LOAN AGREEMENT	
(8) SAFETY CLUB	
(9) 1207 EAST STREET, 1208 MANGUM STREET	
(10) JOB'S JOURNEY	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	148,931	139,972
(2)	290,398	278,513
(3)	100,000	100,000
(4)	35,000	32,500
(5)	657,766	657,766
(6)	657,768	657,768
(7)	657,766	657,766
(8)	465,090	454,077
(9)	43,193	40,697
(10)	816,529	
Totals	3,872,441	3,019,059

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2009
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		
Name PASSAGE HOME, INC.		Employer Identification Number 56-1765360

Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) NC COMM. DEV. INITIATIVE CAPITAL INC	
(2) WAKE COUNTY	
(3) BB&T	
(4) CITY OF RALEIGH	
(5) NC HOUSING FINANCE AGENCY	
(6) NC HOUSING FINANCE AGENCY	
(7) WAKE COUNTY	
(8) SUMMITT HOUSE	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		12/05/08	DUE AT MATURITY	7.500
(2)		02/01/11	DUE AT MATURITY	0.000
(3)	04/02/09	04/02/14	INT ONLY PRINC DUE AT MATU	5.250
(4)	266,377	02/01/34		0.000
(5)	205,735	02/01/10	\$571 PER MONTH	0.000
(6)	200,000	12/30/09	BALANCE WILL BE FORGIVEN	0.000
(7)		03/01/35	\$16,000 PER YEAR	0.000
(8)	75,000	09/01/09	\$6,215 PER YEAR	3.000
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) DEED OF TRUST ON BROWN BIRCH II	
(2) DEED OF TRUST ON GARFIELD PROPERTY	
(3) DEED OF TRUST ON 713 JOHNSTON STREET	
(4) DEED OF TRUST ON JOB'S JOURNEY	
(5) DEED OF TRUST ON JOB'S JOURNEY	
(6) DEED OF TRUST ON JOB'S JOURNEY	
(7) DEED OF TRUST ON JOB'S JOURNEY	
(8) DEED OF TRUST 3412 CREECH ROAD	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	278,385	275,297
(2)	34,000	34,000
(3)	270,206	262,685
(4)		266,377
(5)		202,878
(6)		200,000
(7)		394,667
(8)		71,657
(9)		
(10)		
Totals	582,591	1,707,561

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
	\$ 1,994		14		
Total	\$ 1,994				

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL FEES	\$ 83,915	\$ 75,824	\$ 7,857	\$ 234
Total	\$ 83,915	\$ 75,824	\$ 7,857	\$ 234

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRAINING	\$ 20,829	\$ 10,182	\$ 7,738	\$ 2,909
BANK FEES	3,120	1,300	954	866
LICENSES/FEES	1,050	500	550	
Total	\$ 24,999	\$ 11,982	\$ 9,242	\$ 3,775