Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning and ending

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return (use also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CAMILLUS HOUSE, INC. & AFFILIATE
Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 11829
Room/suite:
City or town, state or country, and ZIP: MIAMI, FL 33101

D Employer identification number: 65-0032862
E Telephone number: (305) 374-1065
F Check ▶ ☐ if application pending

G Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 527 OR ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

(H and I are not applicable to section 527 orgs.)
H(a) Is this a group return for affiliates? ☒ Yes ☐ No
H(b) If "Yes," enter number of affiliates ▶ 1
H(c) Are all affiliates included? ☐ Yes ☒ No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit group exemption no. (GEN) ▶ SEE
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED AUG 07 '01

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Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	5,616,402.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	630,476.		
	d	Total (add lines 1a through 1c) (cash $ 6,246,878. noncash $)			1d	6,246,878.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	205,536.
	5	Dividends and interest from securities			5	16.
	6 a	Gross rents SEE STATEMENT 1	6a	150,540.		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	150,540.
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
			8a	1,213,935.		
	b	Less: cost or other basis and sales expenses	8b	602,240.		
	c	Gain or (loss) (attach schedule)	8c	611,695.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2			8d	611,695.
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	7,214,665.
Expenses	13	Program services (from line 44, column (B))			13	2,502,157.
	14	Management and general (from line 44, column (C))			14	1,472,795.
	15	Fundraising (from line 44, column (D))			15	886,825.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	4,861,777.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	2,352,888.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	14,752,450.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20	199,436.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	17,304,774.

023001
12-19-00 LHA **For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.** Form **990** (2000)

15

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ ______ noncash $ ______	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	403,033.	88,000.	235,036.	79,997.
26 Other salaries and wages	26	1,889,012.	1,051,301.	569,846.	267,865.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	21,239.	12,491.	7,315.	1,433.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	262,977.		262,977.	
43 Other expenses (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 4	43e	2,285,516.	1,350,365.	397,621.	537,530.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,861,777.	2,502,157.	1,472,795.	886,825.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______ ; (ii) the amount allocated to Program services $ ______ ;
(iii) the amount allocated to Management and general $ ______ ; and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ PROVIDE FOOD, SHELTER & SVCS TO HOMELESS/INDIGENT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 5 (Grants and allocations $)	633,063.
b FOOD & EMERGENCY SERVICES: TO PROVIDE FREE MEALS & MEDICAL ASSISTANCE TO HOMELESS AND INDIGENT INDIVIDUALS AND FAMILIES. (Grants and allocations $)	252,881.
c CAMILLUS LIFE CENTER: TO PROVIDE DRUG REHABILITATION, COUNSELING AND JOB PLACEMENT FOR HOMELESS INDIVIDUALS. (Grants and allocations $)	345,646.
d COMMUNITY VOICES: OUTREACH PROGRAM IN LOCAL MIAMI AREA TO ENCOURAGE HOMELESS HIV PATIENTS TO SEEK TREATMENT. (Grants and allocations $)	894,533.
e Other program services (attach schedule) STATEMENT 6 (Grants and allocations $ 1,108,566.)	376,034.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	2,502,157.

Part IV Balance Sheets

		Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			3,266,581.	45	123,521.
	46	Savings and temporary cash investments			1,057,696.	46	2,623,642.
	47 a	Accounts receivable	47a	186,106.			
	b	Less: allowance for doubtful accounts	47b			47c	186,106.
	48 a	Pledges receivable	48a	204,556.			
	b	Less: allowance for doubtful accounts	48b	5,952.	469,561.	48c	198,604.
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a	1,708,344.			
	b	Less: allowance for doubtful accounts	51b		1,608,848.	51c	1,708,344.
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			104,435.	53	30,296.
	54	Investments - securities STMT 7 ▶ ☐ Cost ☒ FMV			0.	54	50,723.
	55 a	Investments - land, buildings, and equipment: basis	55a	35,235.			
	b	Less: accumulated depreciation STMT 8	55b		46,835.	55c	35,235.
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	13,262,076.			
	b	Less: accumulated depreciation STMT 9	57b	2,260,049.	7,529,980.	57c	11,002,027.
	58	Other assets (describe ▶ SEE STATEMENT 10)			1,738,547.	58	1,802,577.
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			15,822,483.	59	17,761,075.
Liabilities	60	Accounts payable and accrued expenses			317,143.	60	351,113.
	61	Grants payable				61	
	62	Deferred revenue			336,123.	62	28,981.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable			416,767.	64b	76,207.
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities** (add lines 60 through 65)			1,070,033.	66	456,301.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			8,650,769.	67	16,191,651.
	68	Temporarily restricted			5,848,310.	68	874,645.
	69	Permanently restricted			253,371.	69	238,478.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)			14,752,450.	73	17,304,774.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			15,822,483.	74	17,761,075.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements ▶	a	8,522,667.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $ 1,308,094.		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): STMT 11 $ <92.>		
	Add amounts on lines (1) through (4) ▶	b	1,308,002.
c	Line a minus line b ▶	c	7,214,665.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	7,214,665.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	5,970,343.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $ 1,108,566.		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	1,108,566.
c	Line a minus line b ▶	c	4,861,777.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	4,861,777.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12		403,033.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule. ▶ ☐ Yes ☒ No

Part VI Other Information

			N/A	Yes	No
76		Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77		Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78	a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
	b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79		Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80	a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
	b	If "Yes," enter the name of the organization ▶ CAMILLUS HEALTH CONCERN, INC. and check whether it is ☒ exempt OR ☐ nonexempt.			
81	a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 — 81a: 0.			
	b	Did the organization file **Form 1120-POL** for this year?	81b		X
82	a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
	b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) — 82b: 1,308,094.			
83	a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84	a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85		*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members? N/A	85a		
	b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
		If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
	c	Dues, assessments, and similar amounts from members — 85c: N/A			
	d	Section 162(e) lobbying and political expenditures — 85d: N/A			
	e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
	f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
	g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
	h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86		*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a: N/A			
	b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87		*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders — 87a: N/A			
	b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b: N/A			
88		At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89	a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
	b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
	c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
	d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			

90 a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2000 — 90b: 46

91 The books are in care of ▶ GEORGINA PARDO Telephone no. ▶ (305) 374-1065

Located at ▶ 336 NW 5TH ST., MIAMI, FL ZIP code ▶ 33128

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	205,536.	
96 Dividends and interest from securities			14	16.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	150,540.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					611,695.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		356,092.	611,695.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 967,787.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
100	LIQUIDATED AN ASSET FOR THE FURTHER DEVELOPMENT OF A HOUSING PROJECT & FOR THE HOMELESS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* (b), *file Form 8870* and *Form 4720 (see instructions).*

[redacted]

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, ll information of which preparer has any knowledge. (Important: See General Instruction W.)

x7/24/01 ▶ x Dale Simpson, Exe. Director

Date Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2000

Name of the organization: CAMILLUS HOUSE, INC. & AFFILIATE

Employer identification number 65 0032862

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DALE SIMPSON 803 NW 9 AVENUE, MIAMI, FL 33126	COO 40	112,961.		
PETER ENGLAND 7620 SW 171 ST, MIAMI, FL 33157	DIR DEVELOPME 40	79,997.		
PAT CAWLEY 1135 103RD STREET APT A-3, MIAMI BEAC	PROG ADMIN 40	60,008.		
GEORGINA PARDO 6800 SW 67 STREET, MIAMI, FL 33143	CFO 40	62,067.		
BRO. RAPHAEL MIESZALA 680 NE 52 STREET, MIAMI, FL	CEO 40	88,000.		
Total number of other employees paid over $50,000 ▶	0			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ & CO, PA 2121 PONCE DE LEON, STE 1100 CORAL GABLES, FL	ACCOUNTING	60,929.
RODRIGUEZ AND QUIROGA 4440 PONCE DE LEON BLVD CORAL GABLES, FL	ARCHITECTS/ENGINEERING	66,766.
Total number of others receiving over $50,000 for professional services ▶	0	

LHA **For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.**

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activites ▶ $ ______ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b	X	
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions. SEE STATEMENT 13			
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
4 a	Do you have a section 403(b) annuity plan for your employees?	4a	X	
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,585,407.	1,903,371.	5,656,239.		10,145,017.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose			300,000.		300,000.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	152,939.	112,273.	107,558.		372,770.
19	Net income from unrelated business activities not included in line 18	137,268.				137,268.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 14 240,179.		240,179.
23	Total of lines 15 through 22	2,875,614.	2,015,644.	6,303,976.	0.	11,195,234.
24	Line 23 minus line 17	2,875,614.	2,015,644.	6,003,976.		10,895,234.
25	Enter 1% of line 23	28,756.	20,156.	63,040.		

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 217,905.

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 10,895,234.

d Add: Amounts from column (e) for lines: 18 372,770. 19 137,268.
22 240,179. 26b ▶ 26d 750,217.

e Public support (line 26c minus line 26d total) ▶ 26e 10,145,017.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 93.1143%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:
(1999) N/A (1998) (1997) (1996)

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A
(1999) (1998) (1997) (1996)

c Add: Amounts from column (e) for lines: 15 16
17 20 21 ▶ 27c N/A

d Add: Line 27a total and line 27b total ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check here ▶ ☐ If the organization belongs to an affiliated group.

Check here ▶ ☐ If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	**The lobbying nontaxable amount is -**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

N/A

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	**Yes**	**No**	**Amount**
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines **c** through **h**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h**)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

2000

Name of organization
CAMILLUS HOUSE, INC. & AFFILIATE

Employer identification number
65-0032862

Organization type (check one)-Section: ☒ 501(c)(3) ◀ (enter number) ☐ 527 **or** ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than $1,000 during the year. (But see **General** rule below.) ▶ ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ $

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 9090-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: *Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).*

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"*Contributor*" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling $5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the $5,000 amount, total all of the contributor's gifts of $1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of $5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported $700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of $5,000 or $14,000 (2% of $700,000). Thus, a contributor who gave a total of $11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the $11,000 contribution to the organization exceeded $5,000, it did not exceed $14,000.

Section 501(c)(7), (8), or (10) organizations. For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave $5,000 or more as described in the **General rule** discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than $1,000 during the year that were for a religious, charitable, etc., purpose. To determine the $1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line **A** at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: *You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.*

Part I. In column **(a)**, identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column **(a)**, show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than $1,000 during the year. Show also, in the heading of Part III, total gifts that were $1,000 or less and were for a religious, charitable, etc., purpose. *Complete this information only on the first Part III page.*

If an amount is set aside for a religious, charitable, etc., purpose, show in column **(d)** how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column **(e)** and explain the relationship between the two organizations.

Name of organization

CAMILLUS HOUSE, INC. & AFFILIATE

Employer identification number

65-0032862

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		$ 883,872.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution.)
2		$ 569,388.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution.)
3		$ 125,000.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution.)
4		$ 460,000.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution.)
5		$ 200,000.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution.)
6		$ 571,988.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution.)

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations *requesting an automatic 6-month extension - check this box and complete Part I only* ▶ ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print — File by the due date for filing your return. See instructions

Name of Exempt Organization: CAMILLUS HOUSE, INC. & AFFILIATES
Employer identification number: 65-0032862
Number, street, and room or suite no. If a P.O. box, see instructions.: P.O. BOX 11829
City, town or post office, state, and ZIP code. For a foreign address, see instructions.: MIAMI, FL 33101

Check type of return to be filed(file a separate application for each return):

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) ______. If this is 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 15, 2001.
to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2000 or
▶ ☐ tax year beginning ________, and ending ________.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶ 5/15/01

LHA **For Paperwork Reduction Act Notice, see instruction** Form **8868** (12-2000)

023831
12-16-00

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
7	VEHICLES			.000	19	158,644.			158,644.	64,109.		0.
8	FURNITURE & EQUIPMENT			.000	19	660,479.			660,479.	453,577.		0.
9	BUILDINGS			.000	19	5705896.			5705896.	1418958.		0.
10	LAND			.000	19	1371007.			1371007.			0.
11	COMPUTER EQUIP.			.000	19	40,192.			40,192.	13,777.		0.
12	BUILDING IMPROVEMENTS			.000	19	166,578.			166,578.	120,115.		0.
13	LEASEHOLD IMPROVEMENTS			.000	19	104,088.			104,088.	76,521.		0.
15	OTHER			.000	19	374,580.			374,580.	112,992.		0.
18	ROMAIN PROPERTY			.000	19	175,835.			175,835.			0.
19	CONSTRUCTION IN PROGRESS			.000	19	4504777.			4504777.			0.
	* TOTAL 990 PAGE 2 DEPR					13262076.		0.	13262076.	2260049.	0.	0.

028102
04-27-01

(D) - Asset disposed

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	150,540.
TOTAL TO FORM 990, PART I, LINE 6A		150,540.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
17TH STREET BUILDING	08/23/96	05/31/00	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
1721 ASSOCIATES, LLC	1,208,435.	663,717.	0.	61,977.	606,695.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VEHICLES	07/01/98	09/30/00	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
METATHERAPY	5,500.	12,475.	0.	11,975.	5,000.
TO FM 990, PART I, LN 8	1,213,935.	676,192.	0.	73,952.	611,695.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	<92.>
DIFF. BETWEEN IN-KIND CONTRIB-EXP	199,528.
TOTAL TO FORM 990, PART I, LINE 20	199,436.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	51,129.	32,693.	8,803.	9,633.
REPAIRS & MINTENANCE	148,889.	94,089.	46,332.	8,468.
GENERAL AND ADMINISTRATIVE	465,354.	237,178.	157,322.	70,854.
UTILITIES, TAXES & RENT	258,987.	170,458.	87,531.	998.

PROGRAM COSTS	343,096.	198,606.	57,555.	86,935.
CONTRACTUAL & PROFESSIONAL SERVICES	657,419.	617,341.	40,078.	
CONTRIBUTIONS TO AFFILIATES	360,642.			360,642.
TOTAL TO FM 990, LN 43	2,285,516.	1,350,365.	397,621.	537,530.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

CASE MANAGEMENT: PREPARE CLIENTS TO END HOMELESS LIFESTYLES AND BEGIN LIVES OF SELF-SUFFICIENCY AND INDEPENDENCE. INDIVIDUALIZED NEEDS ASSESSMENTS DONE WITH REFERRALS, PLACEMENTS AND ASSISTANCE TO THE SERVICES NEEDED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		633,063.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
IN-KIND CONTRIBUTIONS	1,108,566.	
HOUSING SERVICES		227,199.
WORK PROGRAM		148,835.
TOTAL TO FORM 990, PART III, LINE E	1,108,566.	376,034.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS				50,723.	50,723.
TO FM 990, LN 54 COL B				50,723.	50,723.

FORM 990 DEPRECIATION OF ASSETS HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OTHER REAL ESTATE	35,235.	0.	35,235.
TOTAL TO FORM 990, PART IV, LN 55	35,235.	0.	35,235.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VEHICLES	158,644.	64,109.	94,535.
FURNITURE & EQUIPMENT	660,479.	453,577.	206,902.
BUILDINGS	5,705,896.	1,418,958.	4,286,938.
LAND	1,371,007.	0.	1,371,007.
COMPUTER EQUIP.	40,192.	13,777.	26,415.
BUILDING IMPROVEMENTS	166,578.	120,115.	46,463.
LEASEHOLD IMPROVEMENTS	104,088.	76,521.	27,567.
OTHER	374,580.	112,992.	261,588.
ROMAIN PROPERTY	175,835.	0.	175,835.
CONSTRUCTION IN PROGRESS	4,504,777.	0.	4,504,777.
TOTAL TO FORM 990, PART IV, LN 57	13,262,076.	2,260,049.	11,002,027.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN PERP TRUST	238,476.
MORTGAGES RECEIVABLE	3,614.
REAL ESTATE HELD IN TRUST	225,000.
TRUSTS RECEIVABLE	1,335,487.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,802,577.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
REALIZED LOSS ON SECURITIES	<92.>
TOTAL TO FORM 990, PART IV-A	<92.>

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRO. RICHARD MCPHEE P.O. BOX 1003 HAMILTON, ONTARIO L8N 3RI, CANADA	DIRECTOR 5	0.	0.	0.
BOB DICKINSON 3655 NW 87TH AVE. MIAMI, FL 33178	CHAIRMAN-ELECT 5	0.	0.	0.
RAFAEL PORTUONDO 4102 LAGUNA STREET CORAL GABLES, FL 33134	DIRECTOR 5	0.	0.	0.
RAPHAEL MIESZALA 336 NW 5TH SREET MIAMI, FL 33128	CEO 40	88,000.	0.	0.
ROLANDO BICHARA 780 NW 42ND AVE. MIAMI, FL 33126	DIRECTOR 5	0.	0.	0.
REV. MSGR. JOHN J. VAUGHAN 3700 MERIDIAN AVENUE MIAMI BEACH, FL 33140	TREASURER 5	0.	0.	0.
DR. JOSE JOAQUIN CENTURION 747 PONCE DE LEON BLVD #303 CORAL GABLES,FL 33134	DIRECTOR 5	0.	0.	0.
RAUL RODRIGUEZ 4440 PONCE DE LEON BLVD CORAL GABLES, FL 33146	SECRETARY 5	0.	0.	0.

ROGER SOMAN 700 BILTMORE WAY SUITE 710 CORAL GABLES, FL 33134	CHAIRMAN 5	0.	0.	0.
JEANIE CANNAN-VIDAURRETA 2817 LAKE AVENUE MIAMI BEACH, FL 33140	DIRECTOR 5	0.	0.	0.
REV. DONALD F. CLARKE 2260 NW 183RD STREET MIAMI, FL 33056	DIRECTOR 5	0.	0.	0.
GUILLERMO DESCALZI 19390 COLLINS AVENUE PH 7 MIAMI BEACH, FL 33160	DIRECTOR 5	0.	0.	0.
THEODORE D. GELMAN 1554 W 25TH STREET SUNSET ISLAND 2 MIAMI BEACH, FL 33131	DIRECTOR 5	0.	0.	0.
ALBERT N GUTHRIE 2610 NW 119 STREET MIAMI, FL 33167	DIRECTOR 5	0.	0.	0.
KATE M. CALLAHAN 2111 TIGERTAIL COCONUT GROVE, FL 33133	DIRECTOR 5	0.	0.	0.
LEONA H. COOPER 200 WASHINGTON DRIVE CORAL GABLES, FL 33133	DIRECTOR 5	0.	0.	0.
ALAN G. GREER, ESQ 201 S. BISCAYNE BLVD, 10TH FLOOR MIAMI, FL 33131	DIRECTOR 5	0.	0.	0.
LOURDES GUTIERREZ 3883 WOOD AVENUE COCONUT GROVE, FL 33133	DIRECTOR 5	0.	0.	0.
JAMES L HORAN ONE BISCAYNE TOWER SUITE 2800 MIAMI, FL 33131	DIRECTOR 5	0.	0.	0.
JONATHAN I KISLAK 7900 MIAMI LAKES DRIVE MIAMI LAKES, FL 33016	DIRECTOR 5	0.	0.	0.
EDWARD J. JOYCE 700 BRICKELL AVENUE MIAMI, FL 33131	DIRECTOR 5	0.	0.	0.

ROBERT LUDWIG, JR. 168 PARK DRIVE BAL HARBOUR, FL 33154	DIRECTOR 5	0.	0.	0.
ANGELA MASSON PO BOX 190540 MIAMI BEACH, FL 33139	DIRECTOR 5	0.	0.	0.
DANILO P. PEREZ 780 NW 42 AVENUE MIAMI, FL 33126	DIRECTOR 5	0.	0.	0.
DALE SIMPSON 803 NW 9 AVENUE MIAMI, FL 33126	COO 40	112,961.	0.	0.
PETER ENGLAND 7620 SW 171 ST MIAMI, FL 33157	DIRECTOR OF DEVELOPMENT 40	79,997.	0.	0.
PAT CAWLEY 1135 103RD STREET APT A-3 MIAMI BEACH, FL	PROGRAM ADMINISTRATOR 40	60,008.	0.	0.
GEORGINA PARDO 6800 SW 67 STREET MIAMI, FL 33143	CFO 40	62,067.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		403,033.	0.	0.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2 STATEMENT 13

2B. DURING 2000 THE ORGANIZATION LOANED DALE SIMPSON, CHIEF OPER. OFFICER, $35,000. HE REPAID $2,886 AND $16,057 WAS FORGIVEN AS SALARY COMPENSATION FOR JOB PERFORMANCE INCENTIVE. AT YEAR-END AN UNPAID BAL OF $16,057 REMAINS.
2D. SEE PART V, FORM 990

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
RENTS			80,016.	
SPLIT INTEREST			160,163.	
TOTAL TO SCHEDULE A, LINE 22			240,179.	

·ALABAMA·COLORADO·ARIZONA·MAINE·TEXAS·UTAH·ALASKA·
·IOWA·LOUISIANA·WISCONSIN·TENNESSEE·IDAHO·

CALIFORNIA·MICHIGAN·MINNESOTA·MISSISSIPPI·MISSOURI·WEST VIRGINIA·NEW YORK·NEVADA
NORTH DAKOTA·PENNSYLVANIA·SOUTH CAROLINA·SOUTH DAKOTA·MARYLAND·ARKANSAS

GEORGIA·DELAWARE·ILLINOIS·KANSAS·NORTH CAROLINA·OREGON·NEBRASKA·KENTUCKY
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Emma Terrell, Dir.
House of Joseph Transitional Residence
704 West St.
Wilmington, DE 19801-1523
Tel: 302-652-0904; Fax: 302-652-9472
Transitional residence for men.
John Troll, Dir.
Samaritan Outreach
1410 N. Claymont St.
Wilmington, DE 19802-5227
Tel: 302-594-9476; Fax: 303-594-9478
Jessica MacLeod, Dir.
Social outreach for the homeless.
Mary Mother of Hope House I
1103 W. 8th St.
Wilmington, DE 19806-4605
Tel: 302-652-8532; Fax: 302-594-3434
Sr. Mary Anne Matarese, O.S.B., Dir.
Emergency shelter for homeless women.
Capacity 21
Mary Mother of Hope House II
121 N. Jackson St.
Wilmington, DE 19805-3670
Tel: 302-652-1935; Fax: 302-594-9475
Emergency shelter for women with children.
Capacity 23
Mary Mother of Hope House III
515 N. Broom St.
Wilmington, DE 19805-3114
Tel: 302-652-0970; Fax: 302-594-9496
Ms. Linda Myrie, Mgr.
Emergency shelter for women with children.
Capacity 21
Job Placement Center
1200 Lancaster Ave.
Wilmington, DE 19805-4009
Tel: 302-652-5510; Fax: 302-652-0917
Ms. Juanita Beauford, Dir.
Employment agency to assist the poor.
House of Joseph I
1328 W. Third St.
Wilmington, DE 19805-3662
Tel: 302-652-0904; Fax: 302-594-9496
John Troll, Dir.
Shelter for homeless employable men who are seeking employment.
Capacity 13
Emmanuel Dining Room, West
121 N. Jackson St.
Wilmington, DE 19805-3670
Tel: 302-652-3228; Fax: 302-652-2576
Bro. Robert Longo, O.F.M.Cap., Dir.
Emmanuel Dining Room, East
226 N. Walnut St.
Wilmington, DE 19801-3934
Tel: 302-652-2577; Fax: 302-652-2576
Mr. Odell Parker, Mgr.
Emmanuel Dining Room, South
500 Rogers Rd.
New Castle, DE 19720
Tel: 302-577-2961; Fax: 302-652-2576
Ms. Emma Mitchell, Mgr.
Ministry of Caring Distribution Center
1410 N. Claymont St.
Wilmington, DE 19802-5227
Tel: 302-652-0969; Fax: 302-594-9478
Mr. Eugene McLaughlin, Dir.
Ministry of Caring Guild
506 N. Church St.
Wilmington, DE 19801
Virginia Gerdes, Pres.
Sacred Heart Housing, Inc.
506 N. Church St.
Wilmington, DE 19801
Tel: 302-652-5523; Fax: 302-652-1919
Susan Canning, Pres., Board of Directors
Sacred Heart Oratory, Inc.
917 N. Madison St.
Wilmington, DE 19801
Tel: 302-428-3658; Fax: 302-594-9439
Bro. Ronald Giannone, O.F.M.Cap., Pres., Board of Directors
Guardian Angel Child Care
1000 Wilson St.
Wilmington, DE 19801
Tel: 302-428-3620; Fax: 302-428-3622
Peggy Sudler, Dir.
Nazareth House I
106 N. Broom St.
Wilmington, DE 19805
Tel: 302-652-0790; Fax: 302-594-9496
Linda Myrie, Dir.
Capacity 3 Families
Bethany House
601 N. Jackson St.
Wilmington, DE 19805-3941
Tel: 302-594-9458
[illegible] O.S.B., Mgr.

Nazareth House II
698 Linden St.
Wilmington, DE 19805-4423
Emma Terrell, Dir.
Transitional residence for families.
Capacity 4 Families
Nazareth House III
203 N. Jackson St.
Wilmington, DE 19805-3649
John Boll, Mgr.
Transitional residence for families.
Capacity 1 Family
Nazareth House IV
807 W. 6th St.
Wilmington, DE 19805
Transitional residence for families.
Capacity 1 Family

Sacred Heart Village, Inc.
917 N. Madison St.
Wilmington, DE 19801
Tel: 302-652-7648; Fax: 302-594-9439
Howell Ira Strauss, Coord.

St. Patrick's House, Inc.
115 E. 14th St.
Wilmington, DE 19801
Tel: 302-654-6908
Rev. James F. Trainor, Chm. of Board
Affiliated with St. Patrick Parish. Congregate Independent Living Facility for the elderly
Capacity 16
Total in Residence 12
Total Staff 3

Seton Villa, Inc.
800 Bellevue Rd.
Wilmington, DE 19809
Tel: 302-762-2862; Fax: 302-762-3187
Barbara Grieco, M.C., M.B.A., Deputy Dir.
Ms. Fritz Jones, Dir. of Children's Svcs.
Capacity:
Children (ages 5 -18) 13

Siena Hall, Inc.
2307 Kentmere Pkwy.
Wilmington, DE 19806
Tel: 302-656-2183; Fax: 302-658-3159
Barbara Grieco, M.C., M.B.A., & Dir. Children's Services
Ms. Fritz Jones, Dir. of Children's Svcs.
Capacity:
Children (ages birth -18) 20

Vianney House
905 Milltown Rd.
Wilmington, DE 19808
Tel: 302-636-0200
Maryann Blatt, Dir.
Rev. Christopher H. Plokhooy, Diocesan Liaison
Residents 5

DISTRICT OF COLUMBIA

Washington
Archdiocese of Washington

Cardinal O'Boyle Residence for Priests
1150 Varnum St., N.E.
Washington, DC 20017
Tel: 202-269-7100; Fax: 202-269-7820
In res.,
Revs.:
Joseph A. O'Brien, Rector
Joseph Bui-Trang-Nguyen, Tribunal
Rev. Msgr. Joseph W. Hartman
Rev. Msgr. Leonard F. Hurley, Chap., Carroll Manor
Rev. Msgr. Armando Jimenez
Revs.:
Roger P. Gallagher
James J. Powderly

Jeanne Jugan Residence-St. Joseph's Villa
4200 Harewood Rd., N.E.
Washington, DC 20017-1554
Tel: 202-269-1831; Fax: 202-269-1134
Little Sisters of the Poor
Sr. Christine [illegible], L.S.P., Admin.
Rev. Peter [illegible], Chap.
Sisters 16
Residents 73
[illegible] 74

FLORIDA

Daytona Beach
Diocese of Orlando

Casa San Pablo
401 N. Ridgewood Ave.
Daytona Beach, FL 32114
Tel: 904-253-2828; Fax: 904-253-0642
E-mail. bobbie0110@aol.com
Roberta Ryan, Admin.
Total Staff 12
Total in Residence 64

Fort Myers
Diocese of Venice

Villa Francisco
2140 Cottage St.
Fort Myers, FL 33901
Tel: 941-332-3229; Fax: 941-372-4178
Very Rev. Thomas M. Anglim, V.G., Pres.
Sr. Marie Vincent Chiaravalle, O.S.F., Admin.
Total in Residence 74
Total Staff 2

Jacksonville
Diocese of St. Augustine

All Saints Nursing Home & Rehabilitation Center, Inc.
5888 Blanding Blvd.
Jacksonville, FL 32244
Tel: 904-772-1220; Fax: 904-772-4334
E-mail: fah6@bellsouth.net
Alice Wilbur, Admin.
Rev. B. Butler, Chap.
Physical Therapy, Speech Therapy & Occupational Therapy Available.
Total Staff 118
Total Assisted 41,904

St. Catherine Laboure Manor
1750 Stockton St.
Jacksonville, FL 32204
Tel: 904-308-4700
Long term health care Skilled Nursing Facility.
Beds 240
Sisters 3
Total Staff 239
Patients assisted annually 694

Melbourne
Diocese of Orlando

Ascension Manor
2950 Pineapple Ave.
Melbourne, FL 32935
Tel: 407-757-6525; Fax: 407-752-9437
E-mail: manorgang@aol.com
Jackie Haynes, Mgr.
Total Staff 7
Total in Residence 86

Miami
Archdiocese of Miami

Camillus House, Inc.
P.O. Box 11829
Miami, FL 33101-1829
Web Site: camillus.org
336 N.W. 5th St.
Miami, FL 33128
Tel: 305-374-1065; Fax: 305-372-1402
Bro. Raphael Mirabala, B.G.S., Exec. Dir., Con
Provides services to the homeless: emergency
vices, substance abuse rehabilitation, transiti
housing
Camillus Health Concern, Inc.
P.O. Box 12406
Miami, FL 33101-2406
336 N.W. 5th St.
Miami, FL 33128
Tel: 305-577-4840; Fax: 305-372-0476
Provides medical and social services to the hom
and indigent.
Charity Unlimited of Florida, Inc.
Provides buildings and grounds for charitable w
Brothers of the Good Shepherd, Inc.
A religious congregation
Brothers 5
Total Staff 79
Grand Total Assisted 441,645

Gift of Hope, Missionaries of Charity
724 N.W. 17 St.
Miami, FL 33136
Tel: 305-326-0032
Sr. [illegible], Supr. Gen.