

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 2001, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: CENTRAL AMERICAN MINISTRIES
 Number and street (or P O box if mail is not delivered to street address): 5501 AIRPORT HWY
 City or town, state or country, and ZIP + 4: TOLSON OHIO

D Employer identification number: 34 1811907
E Telephone number: (419) 865243
F Accounting method: Cash Accrual
 Other (specify) ▶

G Web site ▶

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN ▶

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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.

L Gross receipts. Add lines 6b, 8b, 9b and 10b to line 12 ▶ 822952

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	755438		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d			755438
	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		2713	
	5 Dividends and interest from securities	5		52992	
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe <u>UNRECORDED LOSS ON INV.</u>)	7			(119680)	
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	1724671		
	(B) Other	8b	1717862		
		8c	6809		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			6809
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			
10a 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			703272	
Expenses	13 Program services (from line 44, column (B))	13		61269	
	14 Management and general (from line 44, column (C))	14		52133	
	15 Fundraising (from line 44, column (D))	15		13763	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			127165
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			576107
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1183635
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			1759742

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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. (See Specific Instructions on page 21.)

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 \$ <u>61269</u> noncash \$ <u>sch. A</u>)	61269	61269		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	1000		1000	
26	Other salaries and wages	38405		38405	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees	5328		5328	
31	Accounting fees				
32	Legal fees				
33	Supplies	2045		1000	1045
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	1918		6400	12718
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a				
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	127165	61269	52133	13763

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? <u>EXHIBIT B</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <u>EXHIBIT A</u> (Grants and allocations \$ _____)	
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part IV Balance Sheets (See Specific Instructions on page 24)

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	336749	45	146442
	46 Savings and temporary cash investments		46	187662
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	
	47c		47c	
	48a Pledges receivable	682469	48a	
	b Less allowance for doubtful accounts		48b	
	48c	682469	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less allowance for doubtful accounts		51b	
	51c		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	8381
54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	538916	54	1415174	
55a Investments—land, buildings, and equipment basis	2500	55a		
b Less accumulated depreciation (attach schedule)	417	55b		
55c	2083	55c	2083	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment basis		57a		
b Less accumulated depreciation (attach schedule)		57b		
57c		57c		
58 Other assets (describe <input type="checkbox"/> _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1560217	59	1759342	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities (add lines 60 through 65)		66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	877748	67	1759342
	68 Temporarily restricted	682469	68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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, column (B) must equal line 21)	1560217	73	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1560217	74	1759342

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 (See Specific Instructions, page 26)

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

a Total revenue, gains, and other support per audited financial statements ▶ a

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 \$

(3) Recoveries of prior year grants \$

(4) Other (specify)

..... \$

Add amounts on lines (1) through (4) ▶ b

c Line a minus line b ▶ c

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$ 12120

(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

a Total expenses and losses per audited financial statements ▶ a

b Amounts included on line a but not on line 17, Form 990

(1) Donated services and use of facilities \$

(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

c Line a minus line b ▶ c

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

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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
MR. CLAY MATHIE 6450 SANDLAKE DAYTON OH 45144	BOARD COUNCIL	0	0	0
MRS. KAREN PULTE 1222 ORCHARD LAKESIDE BLOOMFIELD HILLS, MI. 48304	BOARD COUNCIL	0	0	0
MR. JOSEPH RINEOUT, ESQ 1006 JACKSON ST TOLEDO, OH 43624	TRUSTEE	0	0	0
FR. DON VETTESE, SJ 5901 AIRPORT HWY TOLEDO, OHIO 43615	TRUSTEE/PRES	10000	0	5000
MR. ALVARO AMORAN 3 CALLE 7-49, ZONA GUATEMALA	TRUSTEE	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? Yes No
If "Yes," attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)		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	✓
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	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a	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	✓
b	If "Yes," enter the name of the organization ST. JOHN'S JESUIT H.S. and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	NA
82a	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	✓
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 in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	NA
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	NA
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	NA
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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	✓
89a	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) orgs 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	✓
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NA
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		NA
90a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	
91	The books are in care of CAROL STRUCKHOLT Telephone no (449) 865-5743 Located at 5901 AIRPORT HWY ZIP + 4 43615-7344		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note. 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 <u>DONATIONS</u>					378,856
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					2,713
96 Dividends and interest from securities					5,799
97 Net rental income or (loss) from real estate					
a debt-financed property					
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					6,809
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b <u>UNREALIZED LOSS ON INVEST</u>					(119,680)
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					326,690

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 (See Specific Instructions on page 32)

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)
▼	CENTRAL AMERICAN MINISTRIES IS SUPPORTED BY GIFTS FROM INDIVIDUALS / FOUNDATIONS. FUNDS ARE USED TO PROVIDE A NURSERY FOR GUATEMALAN'S WORKING IN GARBAGE DUMPS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 (See Specific Instructions on page 33)

- (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)

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.

Date

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2001

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CENTRAL AMERICAN MINISTRIES

Employer identification number

34 1811907

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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
<i>NONE</i>				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
<i>NONE</i>		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)</p> <p>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</p>		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		✓
4 Do you have a section 403(b) annuity plan for your employees?		✓
<p>Note 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</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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)(vii) (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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	865203	109811	31691	34640	1041345
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
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	7749				7749
19 Net income from unrelated business activities not included in line 18					
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					
23 Total of lines 15 through 22	872952	109811	31691	34640	1049094
24 Line 23 minus line 17	872952	109811	31691	34640	1049094
25 Enter 1% of line 23	8729	1098	3169	346	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test Enter line 24, column (e) d Add Amounts from column (e) for lines 18 <u>7749</u> 19 _____ 22 _____ 26b <u>696643</u> e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26a	20981
	26b	1696643
	26c	1049094
	26d	0
	26e	352451
	26f	34%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year

(2000)	(1999)	(1998)	(1997)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return 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			
(2000)	(1999)	(1998)	(1997)

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NA

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?

	Yes	No
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		
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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?
 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

31		
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32 Does the organization maintain the following

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
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?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a		
34b		

- b** Has the organization's right to such aid ever been revoked or suspended?
 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		
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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

NA

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" 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
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—			
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		
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	

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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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

- 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)

Yes	No	Amount

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

CENTRAL AMERICAN MINISTRIES

34 1811907

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution. Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

CENTRAL AMERICAN MINISTRIES

Employer identification number

34 1811907

Part I Contributors (See Specific Instructions)

(a) No.	(b)	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 147,405	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ 375,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ 38,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

34 181907

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		40282	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10		5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11		10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

34 1811907

Part II Noncash Property (See Specific Instructions)

N/A

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...
_____	\$ / ... / ...

Name of organization	Employer identification number
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Part II Noncash Property (See Specific Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	\$ / . . /
_____	\$ / . . / . . .
_____	\$ / . . /
_____	\$ / . . /
_____	\$ / . . /
_____	\$ / . . /
_____	\$ / . . /
_____	\$ / . . /

Name of organization

CENTRAL AMERICAN MINISTRIES

Employer identification number

34 1811907

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once—see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1-11	<i>SUPPORT THE MISSION OF CENTRAL AMERICAN MINISTRIES</i>	<i>SAME AS B.</i>	<i>MINGLED</i>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....

Name of organization	Employer identification number
----------------------	--------------------------------

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once—see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	

Exhibit A

Central American Ministries
Grants Detail-line 22 pt 2

	\$	# served
Santa Clara nursery	35019	300
Francisco Coll School	25250	249
Esperanza Juvenile Orphanage	1000	
Total	61269	

Program accomplishments in 2001 included the establishment of the Santa Clara Nursery and continued funding of The Francisco Coll School and the Esperanza Orphanage. In addition, a new nursery at the Santa Ana El Salvador City Dump was begun at the end of 2001.

EXHIBIT B

CENTRAL AMERICAN MINISTRIES

c/o 5901 Airport Highway
Toledo, Ohio 43615
E.I. No. 34-1811907
Form 990-EZ

Part III

Central American Ministries (the "Corporation"), has been organized to assist the people of Guatemala and other Central American countries in upgrading the deplorable living conditions found in these areas. Based on assessments to date, it is anticipated that the Corporation's programs will emphasize improving housing and general living conditions and also advancing education.

The Corporation plans to communicate its charitable purposes and goals, and its interest in assisting Central American people, through Jesuit-sponsored communities and churches in the area. People in the area will be encouraged to submit proposals and business plans to the Corporation. People who submit proposals will be encouraged to focus on projects that will generate local jobs if funding from the Corporation becomes available.

The Corporation is focusing its initial activities on improving general housing conditions, health and educational levels of the people who will benefit from the Corporation's programs.

The planned activities of the Corporation will provide relief to the poor and underprivileged, advance education and promote health, thereby qualifying the Corporation as a charitable organization.

ASSETS

Fifth Third Bank
P.O. BOX 1868 MO 292932
TOLEDO, OHIO 43603

THE FIFTH THIRD BANK
CENTRAL
AMERICAN MINISTRIES

ADMINISTRATOR -- MS. IMOGENE RIPPS (419) 259-7157
INVESTMENTS -- MR. CHRISTOPHER PRISBY (419) 259-6951

ACCOUNT # 34-34-000-7555790

STATEMENT HIGHLIGHTS

SUMMARY OF BALANCES

PERIOD 01/01/01 - 12/31/01

	COST BASIS	MARKET VALUE	% OF MARKET	ESTIMATED ANNUAL INCOME	MARKET YIELD
CASH	\$37,378.00	\$37,378.00	2.57%	\$698.97	1.87%
MONEY MARKET INVESTMENTS	0.00	0.00	0.00%	0.00	0.00%
SHORT TERM INVESTMENTS	284.21	284.21	0.01%	0.00	0.00%
TOTAL	\$37,662.21	\$37,662.21	2.59%	\$698.97	1.85%
BONDS	556,151.74	563,440.86	38.78%	31,575.00	5.60%
BOND FUNDS	0.00	0.00	0.00%	0.00	0.00%
TOTAL	\$556,151.74	\$563,440.86	38.78%	\$31,575.00	5.60%
EQUITIES	0.00	0.00	0.00%	0.00	0.00%
COMMON STOCK	0.00	0.00	0.00%	0.00	0.00%
PREFERRED STOCK	983,266.26	851,734.03	58.62%	1,458.66	0.17%
EQUITY FUNDS	\$983,266.26	\$851,734.03	58.62%	\$1,458.66	0.17%
TOTAL					
OTHER ASSETS	0.00	0.00	0.00%	0.00	0.00%
LIABILITIES	0.00	0.00	0.00%	0.00	0.00%
TOTAL	\$0.00	\$0.00	0.00%	\$0.00	0.00%
TOTAL VALUE	\$1,577,080.21	\$1,452,838.24	100.00%	\$33,732.63	2.32%

	CURRENT PERIOD	CALENDAR YTD
INCOME		
TOTAL INCOME EARNED	\$34,523.51	\$33,473.31
TOTAL INCOME AVAILABLE	27,662.54	
* NET REALIZED GAIN OR LOSS	\$6,808.93	\$6,808.93

THE FIFTH THIRD BANK
CENTRAL
AMERICAN MINISTRIES

* PRELIMINARY INFORMATION - MAY NOT REFLECT FINAL REPORTING.

GAIN ON SALE

STATEMENT OF TRANSACTIONS 94-94-000-7555790 01/01/01 THROUGH 12/31/01

DATE TRANSACTION INCOME CASH PRINCIPAL CASH COST BASIS

TOTAL SECURITY SALES & MATURITIES:

MONEY MARKET SALES:

01/31/01	FIFTH THIRD PRIME MONEY MARKET FUND (D) MONTHLY MONEY MARKET WITHDRAWAL		\$291,100.00	\$291,100.00-
03/31/01	FIFTH THIRD PRIME MONEY MARKET FUND (D) MONTHLY MONEY MARKET WITHDRAWAL	\$7,306.00		7,306.00-
04/30/01	FIFTH THIRD PRIME MONEY MARKET FUND (D) MONTHLY MONEY MARKET WITHDRAWAL		866.00	866.00-
07/31/01	FIFTH THIRD PRIME MONEY MARKET FUND (D) MONTHLY MONEY MARKET WITHDRAWAL	2,500.00		2,500.00-
08/31/01	FIFTH THIRD PRIME MONEY MARKET FUND (D) MONTHLY MONEY MARKET WITHDRAWAL		102,565.00	102,565.00-
12/31/01	FIFTH THIRD PRIME MONEY MARKET FUND (D) MONTHLY MONEY MARKET WITHDRAWAL		51,596.00	51,596.00-
	TOTAL MONEY MARKET SALES:	<u>\$9,806.00</u>	<u>\$446,127.00</u>	<u>\$455,933.00-</u>

TRANSFERS TO INCOME:

08/06/01	TRANSFER PRINCIPAL TO INCOME		3,961.00-	
08/31/01	TRANSFER PRINCIPAL TO INCOME		580.00-	
11/27/01	TRANSFER PRINCIPAL TO INCOME		13,413.47-	
	TOTAL TRANSFERS TO INCOME:		<u>\$17,654.47-</u>	

TRANSFERS FROM PRINCIPAL:

08/06/01	TRANSFER PRINCIPAL TO INCOME	3,961.00		
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STATEMENT OF TRANSACTIONS 84-34-000-7555790 01/01/01 THROUGH 12/31/01

DATE	TRANSACTION	INCOME CASH	PRINCIPAL CASH	COST BASIS
07/16/01	FIFTH THIRD INTL EQUITY FUND INSTL SHS REDEEMED ON 07/13/01 @ 8.93 4,738.745 UNITS		\$42,317.00	\$48,240.43-
08/07/01	NORTHERN STS PWR CO MINN 1ST MTC DTD 04/01/1993 06.375% 04/01/2003 MORGAN STANLEY DEAN WITTER REVERSAL DUE TO ACCT MAINT		51,500.00	51,500.00-
10/01/01	FIFTH THIRD INTL EQUITY FUND INSTL SHS REDEEMED ON 09/28/01 @ 8.20 182.682 UNITS		1,498.00	1,678.86-
10/03/01	MORGAN STANLEY DEAN WITTER 6.75% DUE 4/15/11 DTD 4/23/01 ADVST INC 09/28 SALE 50,000 PAR @ 102.538		51,269.00	50,930.50-
11/27/01	FIFTH THIRD MID CAP FUND INSTL SHS REDEEMED ON 11/26/01 @ 14.42 903.467 UNITS		13,028.00	10,868.71-
11/27/01	FIFTH THIRD QUALITY GROWTH FUND INSTL SHS REDEEMED ON 11/26/01 @ 18.45 2,125.311 UNITS		39,212.00	33,139.25-
11/27/01	FIFTH THIRD MULTI CAP VALUE FUND INSTL SHS REDEEMED ON 11/26/01 @ 19.26 154.776 UNITS		2,981.00	2,821.92-
12/26/01	FIFTH THIRD MID CAP FUND INSTL SHS REDEEMED ON 12/24/01 @ 14.17 214.537 UNITS		3,040.00	3,130.11-
12/26/01	FIFTH THIRD MULTI CAP VALUE FUND INSTL SHS REDEEMED ON 12/24/01 @ 19.83 84.619 UNITS		1,678.00	1,600.54-

STATEMENT OF TRANSACTIONS 94-34-000-7555790 01/01/01 THROUGH 12/31/01

DATE	TRANSACTION	INCOME CASH	PRINCIPAL CASH	COST BASIS
02/26/01	FIFTH THIRD INTERMEDIATE BOND FD INSTL SHS REDEEMED ON 02/23/01 @ 11.80 1,525 423 UNITS		\$18,000.00	\$18,061.02-
03/28/01	FIFTH THIRD INTERMEDIATE BOND FD INSTL SHS REDEEMED ON 03/28/01 @ 11.85 49,656 746 UNITS		588,432.44	582,898.98-
04/18/01	FIFTH THIRD MID CAP FUND INSTL SHS REDEEMED ON 04/17/01 @ 13.69 58,509 UNITS		801.00	767.65-
04/18/01	FIFTH THIRD BOND FUND INSTL SHS REDEEMED ON 04/17/01 @ 9.67 367 735 UNITS		3,556.00	3,570.71-
04/18/01	FIFTH THIRD INTL EQUITY FUND INSTL SHS REDEEMED ON 04/17/01 @ 9.33 288,531 UNITS		2,692.00	2,911.28-
04/27/01	FIFTH THIRD MID CAP FUND INSTL SHS REDEEMED ON 04/26/01 @ 14.59 510 143 UNITS		7,443.00	6,693.09-
04/27/01	FIFTH THIRD QUALITY GROWTH FUND INSTL SHS REDEEMED ON 04/26/01 @ 18.84 519 426 UNITS		9,786.00	9,355.95-
07/03/01	FIFTH THIRD MID CAP FUND INSTL SHS REDEEMED ON 07/02/01 @ 15.46 668 758 UNITS		10,339.00	9,513.45-
07/16/01	FIFTH THIRD BOND FUND INSTL SHS REDEEMED ON 07/13/01 @ 9.71 59,924,248 UNITS		581,864.45	581,781.29-
07/16/01	FIFTH THIRD QUALITY GROWTH FUND INSTL SHS REDEEMED ON 07/13/01 @ 18.58 2,380,731 UNITS		44,234.00	54,873.75-

STATEMENT OF TRANSACTIONS 34-34-000-7555790 01/01/01 THROUGH 12/31/01

DATE	TRANSACTION	INCOME CASH	PRINCIPAL CASH	COST BASIS
01/03/01	CK #1257 RECD FROM 1257 THOMAS KRAUS AS DONATION		\$1,000.00	
01/05/01	RECEIVED WIRE FROM KEY AS DONATION FROM SHEILAH CROWLEY		252,139.56	
01/10/01	CK #5998 RECD FROM MARK SAVAGE AS DONATION		250.00	
01/10/01	CK #5177 RECD FROM FRANCES AND CHARLOTTE BLUDE AS DONATION		200.00	
01/10/01	CK #2288 RECD FROM BARBARA BLUDE AS DONATION		50.00	
01/10/01	CK #0471 RECD FROM EDWARD LAMB FOUNDATION AS DONATION		500.00	
01/10/01	CK #3548 RECD FROM ELIZABETH MODONOUGH AS DONATION		500.00	
01/10/01	CK #9179 RECD FROM RT AND G TORCHIA AS DONATION		250.00	
01/10/01	CK #8484 RECD FROM GINGELL CHIROPRACTIC CENTER AS DONATION		500.00	
01/17/01	CK #0568 RECD FROM C F AND HELEN KLEINBROOK AS DONATION		100.00	
01/17/01	CK #055461 RECD FROM ST PATRICK OF HEATHERDOWNS CHURCH AS DONATION		679.78	
02/08/01	CK #11188 RECEIVED FROM HERRICK FOUNDATION AS DONATION		375,000.00	

\$682,469.34

TOTAL ADDITIONAL FUNDS CONTRIBUTED.

SECURITY SALES & MATURITIES:

02/07/01	FIFTH THIRD QUALITY GROWTH FUND INSTL SHS REDEEMED ON 02/06/01 @ 21 73 11,550.851 UNITS	251,000.00	\$243,724.47-
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