

# Return of Organization Exempt From Income Tax

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

**2001**

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**CORVILLA, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**3231 SUGAR MAPLE BUSINESS COURT**

City or town, state or country and ZIP + 4  
**SOUTH BEND, IN 46628-4372**

**D** Employer identification number  
**35: 6062577**

**E** Telephone number  
( ) **574-289-9779**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

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

**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 ▶

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

**G** Web site ▶

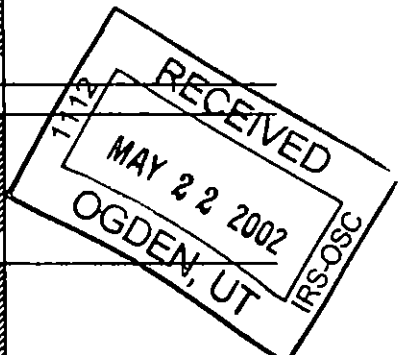
**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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 ▶ **1,885,170**

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

<b>1</b> Contributions, gifts, grants, and similar amounts received						
<b>a</b>	Direct public support	SEE STATEMENT. 1	<b>1a</b>	<b>34,288</b>		
<b>b</b>	Indirect public support		<b>1b</b>			
<b>c</b>	Government contributions (grants)		<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>27,757</u> noncash \$ <u>6,531</u> )		<b>1d</b>	<b>34,288</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>	<b>1,854,588</b>
<b>3</b>	Membership dues and assessments				<b>3</b>	<b>0</b>
<b>4</b>	Interest on savings and temporary cash investments				<b>4</b>	<b>73,230</b>
<b>5</b>	Dividends and interest from securities				<b>5</b>	
<b>6a</b>	Gross rents				<b>6a</b>	
<b>b</b>	Less rental expenses				<b>6b</b>	
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>	
<b>7</b>	Other investment income (describe ▶)				<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
<b>b</b>	Less cost or other basis and sales expenses		<b>8a</b>	<b>8b</b>		
<b>c</b>	Gain or (loss) (attach schedule)		<b>8c</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))				<b>8d</b>	
<b>9</b>	Special events and activities (attach schedule)					
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)		<b>9a</b>	<b>22,970</b>		
<b>b</b>	Less direct expenses other than fundraising expenses		<b>9b</b>	<b>10,253</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>	<b>12,717</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances				<b>10a</b>	
<b>b</b>	Less cost of goods sold				<b>10b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)				<b>11</b>	<b>94</b>
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>	<b>1,974,917</b>
<b>13</b>	Program services (from line 44, column (B))				<b>13</b>	<b>1,451,004</b>
<b>14</b>	Management and general (from line 44, column (C))				<b>14</b>	<b>436,722</b>
<b>15</b>	Fundraising (from line 44, column (D))				<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)				<b>16</b>	
<b>17</b>	Total expenses (add lines 16 and 44, column (A))				<b>17</b>	<b>1,887,726</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18</b>	<b>87,191</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19</b>	<b>1,978,939</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)				<b>20</b>	<b>(69,279)</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21</b>	<b>1,996,851</b>



SCANNED JUL 08 2002

24

**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 \$ _____ 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	54,143	54,143	
26	Other salaries and wages	26	852,297	673,991	178,306
27	Pension plan contributions	27	18,861	13,963	4,898
28	Other employee benefits	28	139,564	103,319	36,245
29	Payroll taxes	29	64,287	47,592	16,695
30	Professional fundraising fees	30			
31	Accounting fees	31	29,640		29,640
32	Legal fees	32	3,089		3,089
33	Supplies	33	119,909	102,826	17,083
34	Telephone	34	8,885		8,885
35	Postage and shipping	35			
36	Occupancy	36	55,532	55,532	
37	Equipment rental and maintenance	37	57,781	47,971	9,810
38	Printing and publications	38			
39	Travel	39	15,974	10,261	5,713
40	Conferences, conventions, and meetings	40			
41	Interest	41	38,629	20,643	17,988
42	Depreciation, depletion, etc. (attach schedule)	42	55,688	35,118	20,570
43	Other expenses not covered above (itemize) a	43a			
	b SEE STATEMENT 2	43b	373,447	339,788	33,659
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,887,728	1,451,004	436,722

**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? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a <b>CORVILLA MAINTAINS (4) GROUP HOMES FOR INDIVIDUALS WITH DEVELOPMENTAL AND/OR MENTAL RETARDATION IN ADDITION, CORVILLA PROVIDES HEALTH AND EDUCATIONAL SERVICES TO THE RESIDENTS</b> (Grants and allocations \$ _____)	1,451,004
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) ▶	1,451,004

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

<b>Note</b>		<b>(A)</b>		<b>(B)</b>	
Where required attached schedules and amounts within the description column should be for end of-year amounts only		Beginning of year		End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing		8,853	<b>45</b>	2,301
	<b>46</b> Savings and temporary cash investments		749,248	<b>46</b>	798,188
	<b>47a</b> Accounts receivable	<b>47a</b> 147,103			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b> 0	134,279	<b>47c</b>	147,103
	<b>48a</b> Pledges receivable	<b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		18,137	<b>53</b>	12,640
	<b>54</b> Investments—securities (attach schedule) <span style="float: right;">STMT 3</span>	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,089,363	<b>54</b>	1,008,904
	<b>55a</b> Investments—land, buildings, and equipment basis	<b>55a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments—other (attach schedule)			<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 1,260,725				
<b>b</b> Less accumulated depreciation (attach schedule) <span style="float: right;">STMT 4</span>	<b>57b</b> 553,034	453,128	<b>57c</b>	707,691	
<b>58</b> Other assets (describe <b>▶ DEPOSITS</b> )		2,145	<b>58</b>	840	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		2,455,151	<b>59</b>	2,675,667	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		156,280	<b>60</b>	176,881
	<b>61</b> Grants payable			<b>61</b>	
	<b>62</b> Deferred revenue			<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) <span style="float: right;">STMT 5</span>		319,932	<b>64b</b>	501,935
	<b>65</b> Other liabilities (describe <b>▶</b> )			<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65)		476,212	<b>66</b>	678,816	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted		1,978,939	<b>67</b>	1,996,851
	<b>68</b> Temporarily restricted			<b>68</b>	
	<b>69</b> Permanently restricted			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,978,939	<b>73</b>	1,996,851	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		2,455,151	<b>74</b>	2,675,667	

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 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	NA
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 ▶ ..... 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	
b	Did the organization file Form 1120-POL for this year?	81b	✓
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	18,309
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	✓
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	NA
c	Dues, assessments, and similar amounts from members	85c	NA
d	Section 162(e) lobbying and political expenditures	85d	NA
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	NA
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	NA
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	NA
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	NA
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	NA
b	Gross receipts, included on line 12, for public use of club facilities	86b	NA
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	NA
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	NA
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 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE		
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 ▶		NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		NONE
90a	List the states with which a copy of this return is filed ▶ INDIANA		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	43
91	The books are in care of ▶ JULIE A. LUCKY, EXECUTIVE DIRECTOR Telephone no ▶ ( 574 ) 289-9779 Located at ▶ 3231 SUGAR MAPLE BUSINESS CT, SOUTH BEND, IN ZIP + 4 ▶ 46628-4372		
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		

**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	
<b>93</b> Program service revenue					
<b>a</b> <b>SHELTERED LIVING &amp; DAY SERVICES</b>					<b>1,854,588</b>
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>73,230</b>	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			<b>01</b>	<b>12,717</b>	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> <b>Miscellaneous</b>			<b>03</b>	<b>94</b>	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				<b>88,041</b>	<b>1,854,588</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>1,840,629</b>

**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)
<b>93a</b>	<b>The revenue generated from the sheltered living &amp; day service program provides the funding to operate the Group Homes and health services, as well as funding for the residents to participate in work &amp; educational programs in the community.</b>

**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
<b>NOT APPLICABLE</b>	%			
	%			
	%			
	%			

**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.

Please Sign: Alfred Luck Date: 5/14/02

Date	Check if self-	Preparer's SSN or PTIN (See Gen. Inst. W)
------	----------------	---

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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

OMB No 1545-0047

**2001**

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  
**CORVILLA, INC**

Employer identification number  
**35 6062577**

**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
NONE ✓				
Total number of other employees paid over \$50,000 ▶	NONE			

**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
NONE		
Total number of others receiving over \$50,000 for professional services ▶	NONE ✓	

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

	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? 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)  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 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)? <span style="float: right;">Form 990 Part V</span>	✓	
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?		✓
<b>Note:</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.		

**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)(ii) 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 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)	29,248	25,762	21,987	18,809	95,806
16 Membership fees received	735	900	795	975	3,405
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	1,827,094	1,707,931	1,835,096	1,688,924	7,057,045
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	106,079	72,311	74,302	67,293	319,985
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	5,499				5,499
23 Total of lines 15 through 22	1,968,655	1,806,904	1,932,180	1,774,001	7,481,740
24 Line 23 minus line 17	141,561	98,973	97,084	87,077	424,695
25 Enter 1% of line 23	19,686	18,069	19,322	17,740	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24					26a
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					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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 <u>95,806</u> 16 <u>3,405</u> 17 <u>7,057,045</u> 20 <u>0</u> 21 <u>0</u>					27c 7,156,258
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>					27d 0
e Public support (line 27c total minus line 27d total)					27e 7,156,256
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f 7,481,740				27g 95.64 %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 4.27 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
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. NA					

**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) NOT APPLICABLE

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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.		
<b>35</b> 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		





Corvill, Inc  
35-6062577  
For Tax Year Ended December 31, 2001

Statement 1

*Not for Public Disclosure*

Form 990, Part I, Line 1 - List of Contributors

2

<u>Name and Address</u>	<u>Direct Public Support</u>	<u>Indirect Public Support</u>	<u>Government Grants</u>
	\$9,200 00		
	\$5,000 00		
Others individually under \$5,000	<u>20,087 94</u>	<u>                    </u>	<u>                    </u>
Total Contribution Amount	<u>\$34,287 94</u>	<u>\$0 00</u>	<u>\$0 00</u>

Statement 1

Corvillia, Inc  
35-6062577  
For Tax Year Ended December 31, 2001

Statement 2

Form 990, Part II, Line 43 - Other Expenses

<u>Description</u>	<u>(A) Total</u>	<u>(B) Program Services</u>	<u>(C) Management and General</u>
Contract Services	\$6,405	\$6,405	
Day Service Program	245,412	245,412	
Provider Assessment	86,685	86,685	
Training	678		678
Advertising	953		953
License, Dues, Subscriptions	8,470		8,470
Miscellaneous Expense	24,844	1,286	23,558
Bad Debt Expense	0		
Total	<u>\$373,447</u>	<u>\$339,788</u>	<u>\$33,659</u>

Statement 2

Corvill, Inc  
35-6062577  
For Tax Year Ended December 31, 2001

**Statement 3**

Form 990, Part IV, Line 54 - Investments - Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Investments	<u>\$1,089,363</u>	<u>\$1,006,904</u>
Total	<u>\$1,089,363</u>	<u>\$1,006,904</u>

Investments at December 31, 2000 and 2001 consist primarily of money market funds, mutual funds and obligations of the US Government

**Statement 4**

Corvilla, Inc  
35-6062577  
For Tax Year Ended December 31, 2001

Statement 4

Form 990, Part IV, Line 57 - Land, Buildings and Equipment

<u>Description</u>	<u>End of Year</u>		
	<u>(a)</u> <u>Basis</u>	<u>(b)</u> <u>Accumulated</u> <u>Depreciation</u>	<u>(c)</u> <u>Net Book</u> <u>Value</u>
Land, Buildings and Equipment	\$1,064,264	(\$367,292)	\$696,972
Moveable Equipment	112,701	(111,323)	1,378
Vehicles	83,760	(74,419)	9,341
Total	<u>\$1,260,725</u>	<u>(\$553,034)</u>	<u>\$707,691</u>

Statement 5

Corvill, Inc  
35-6062577  
For Tax Year Ended December 31, 2001

Statement 5

Form 990, Part IV, Line 64b - Mortgages and Other Notes Payable

		<u>Beginning of Year</u>	<u>End of Year</u>
Wells Fargo Bank	Line of Credit <i>(\$20,000 total line)</i>	0	1,202
1st Source Bank	Mortgage Loan	37,385	34,818
Homeside Lending <i>(formerly First Chicago NBD)</i>	Mortgage Loan	128,672	127,234
Homeside Lending <i>(formerly First Chicago NBD)</i>	Mortgage Loan	86,513	85,609
Wells Fargo Bank	Commercial Loan	0	186,397
First Nationwide Mortgage <i>(formerly First Chicago NBD)</i>	Mortgage Loan	<u>67,362</u>	<u>68,675</u>
		<u>319,932</u>	<u>501,935</u>

Statement 6

**CORVILLA, INC.**  
**3231 Sugar Maple Business Court.**  
**South Bend, IN 46628**  
**(574) 289-9779**  
**(574)289-0157 Fax**

**BOARD MEMBERS**  
**OCT. 1997-OCT. 2002**

**Mr Cliff Perras**  
**President**

**Mr Thomas Tucker**  
**Vice President**

**Ms Cindy Voegler**  
**Treasurer**

**Rev Charles Lavelly, C S C**  
**Secretary**

**Lenette Votava**  
**Board Scribe**

**Mr Michael Rader, DDS**

**Mr Kent Hull**

**Ms Karen Maes**

**Ms Janne Felder-Kahn**

**Mr David Schubert**

**Mr Brian Bogaert**

**Mrs Michele Jurkaites**

**Mrs Ursula Lotzkat**

**Mr Jerry Berntsen**

**Ms Fran Boykins**

**Julie Lucky, Executive Director**

**Diana Dolde, Program Director**

Corvill, Inc  
35-6062577  
For Tax Year Ended December 31, 2001

**Statement 7**

Form 990, Part II, Line 42 - Depreciation and Depletion

<u>Description</u>	<u>Current Year Depreciation</u>
Land, Buildings and Equipment	(\$44,588)
Moveable Equipment	(5,552)
Vehicles	(5,548)
	<hr/>
Total	<u>(\$55,688)</u>

**Statement 9**

Corvilia, Inc  
35-6062577  
For Tax Year Ended December 31, 2001

**Statement 6a**

**Form 990, Part V, List of Officers, Directors, Trustees and Key Employees**

All Board members are volunteers and receive no compensation for their services

(A)	(B)	(C)	(D)	(E)
<u>Compensated Directors</u>	<u>Time Devoted</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plan</u>	<u>Expense Account and Other Allowance</u>
Julie Lucky	40 hrs per week	54,143	7,964	0
May, Oberfell & Lorber		112	0	0
	Total	<u>54,255</u>	<u>7,964</u>	<u>0</u>

**Statement 7a**