

Return of Organization Exempt From Income Tax

2001

Department of the Treasury
Internal Revenue Service

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

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 period beginning and ending

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

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**
 City or town, state or country, and ZIP + 4: **MIAMI, FL 33101**

D Employer identification number: **65-0032862**

E Telephone number: **(305) 374-1065**

F Accounting method: Cash Accrual

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: **1**

H(c) Are all affiliates included? Yes No (If "No," attach a list.)

G Web site: **CAMILLUS.ORG**

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.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN: **SEE**

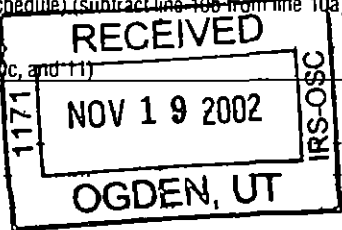
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **5,301,160.**

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

1	Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	3,302,465.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	984,820.		
	d Total (add lines 1a through 1c) (cash \$ <u>4,287,285.</u> noncash \$ _____)	1d		4,287,285.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		171,954.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		78,871.	
	5 Dividends and interest from securities	5			
	6 a 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 _____)	7				
8 a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
	b Less cost or other basis and sales expenses	8a	221,219.		
	c Gain or (loss) (attach schedule)	8b	70,641.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	150,578.		
8d		STMT 1	150,578.		
9 Special events and activities (attach schedule)					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	529,487.		
	b Less direct expenses other than fundraising expenses	9b	95,065.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	434,422.	
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		12,344.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,135,454.		
Expenses	13 Program services (from line 44, column (B))	13	2,800,673.		
	14 Management and general (from line 44, column (C))	14	3,951,101.		
	15 Fundraising (from line 44, column (D))	15	396,678.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		7,148,452.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<2,012,998.>		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	17,304,774.		
	20 Other changes in net assets or fund balances (attach explanation)	20	39,715.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		15,331,491.	

FILMED NOV 26 2002 Revenue



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	25 627,011.	127,897.	443,728.	55,386.
26 Other salaries and wages	26 2,099,538.	1,228,811.	793,937.	76,790.
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 29,924.	21,632.	8,292.	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation depletion, etc (attach schedule)	42 394,236.		394,236.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 3,997,743.	1,422,333.	2,310,908.	264,502.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 7,148,452.	2,800,673.	3,951,101.	396,678.

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

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
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.)	
a HOUSING PROGRAMS: TO PROVIDE TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND INDIVIDUALS WHICH INCLUDES ON-SITE CASE MANAGEMENT AND ASSESSMENTS. (Grants and allocations \$ _____)	425,366.
b EMERGENCY SERVICES: TO PROVIDE FREE MEALS & MEDICAL ASSISTANCE TO HOMELESS AND INDIGENT INDIVIDUALS AND FAMILIES. (Grants and allocations \$ _____)	1,146,050.
c CAMILLUS LIFE CENTER: TO PROVIDE DRUG REHABILITATION, COUNSELING AND JOB PLACEMENT FOR HOMELESS INDIVIDUALS. (Grants and allocations \$ _____)	519,587.
d COMMUNITY VOICES: OUTREACH PROGRAM IN LOCAL MIAMI AREA TO ENCOURAGE HOMELESS HIV PATIENTS TO SEEK TREATMENT. (Grants and allocations \$ _____)	709,670.
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B), Program services)	2,800,673.

Part IV Balance Sheets

Note		(A)		(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		
Assets	45	Cash non-interest bearing	123,521.	45	252,774.	
	46	Savings and temporary cash investments	2,623,642.	46	2,175,815.	
	47 a	Accounts receivable	47a 150,887.			
	b	Less allowance for doubtful accounts	47b	186,106.	47c 150,887.	
	48 a	Pledges receivable	48a 103,399.			
	b	Less allowance for doubtful accounts	48b 5,170.	198,604.	48c 98,229.	
	49	Grants receivable		49	250,155.	
	50	Receivables from officers, directors, trustees, and key employees		50		
	51 a	Other notes and loans receivable	51a 2,266.			
	b	Less allowance for doubtful accounts	51b	1,708,344.	51c 2,266.	
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		30,296.	53 65,505.	
	54	Investments securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		50,723.	54 37,987.	
	55 a	Investments land, buildings, and equipment basis	55a 41,735.			
	b	Less accumulated depreciation STMT 6	55b	35,235.	55c 41,735.	
56	Investments - other			56		
57 a	Land, buildings, and equipment basis	57a 14,193,789.				
b	Less accumulated depreciation STMT 7	57b 2,643,482.	11,002,027.	57c 11,550,307.		
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		1,802,577.	58 1,517,499.		
59 Total assets (add lines 45 through 58) (must equal line 74)			17,761,075.	59	16,143,159.	
Liabilities	60	Accounts payable and accrued expenses	351,113.	60	589,166.	
	61	Grants payable		61		
	62	Deferred revenue	28,981.	62	165,741.	
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax exempt bond liabilities		64a		
	b	Mortgages and other notes payable		76,207.	64b 56,761.	
	65	Other liabilities (describe <input type="checkbox"/>)			65	
66 Total liabilities (add lines 60 through 65)			456,301.	66	811,668.	
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	16,191,651.	67	14,446,743.	
	68	Temporarily restricted	874,645.	68	643,498.	
	69	Permanently restricted	238,478.	69	241,250.	
	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)		17,304,774.	73	15,331,491.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		17,761,075.	74	16,143,159.

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

		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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization CAMILLUS HEALTH CONCERN, INC. and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		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?	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 in Part III) 82b 2,565,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
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 N/A		
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		
h	If section 6033(e)(1)(A) dues notices 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		
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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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		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, 2001 90b 62		

91 The books are in care of **GEORGINA PARDO** Telephone no **(305) 374-1065**
 Located at **336 NW 5TH ST., MIAMI, FL** ZIP + 4 **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 (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CLIENT CONTRIBUTIONS					171,954.
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	78,871.	
96 Dividends and interest from securities					
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					150,578.
101 Net income or (loss) from special events			01	434,422.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					12,344.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		513,293.	334,876.
105 Total (add line 104, columns (B), (D), and (E))					848,169.

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)
100	LIQUIDATED AN ASSET FOR THE FURTHER DEVELOPMENT OF A HOUSING PROJECT & FOR THE HOMELESS

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

Comparing schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge

1/10/02 x Dale Simpson

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

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions)

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

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 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
<u>DALE SIMPSON</u> ----- 803 NW 9 AVENUE, MIAMI, FL 33126	COO 40	133,500.		
<u>PETER ENGLAND</u> ----- 7620 SW 171 ST, MIAMI, FL 33157	DIR DEVELOPME 40	81,660.		
<u>LEDA PEREZ</u> ----- 1717 N. BAYSHORE DR. #1550 MIAMI, FL	PROJ DIRECTOR 40	65,777.		
<u>GEORGINA PARDO</u> ----- 6800 SW 67 STREET, MIAMI, FL 33143	CFO 40	77,290.		
<u>BRO. RAPHAEL MIESZALA</u> ----- 680 NE 52 STREET, MIAMI, FL	CEO 40	91,065.		
Total number of other employees paid over \$50,000 ▶	3			

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
<u>UNITED WAY</u> ----- 3250 SW 3RD AVENUE MIAMI, FL 33129	COMMUNITY OUTREACH PROGRAM	150,000.
<u>RODRIGUEZ AND QUIROGA</u> ----- 4440 PONCE DE LEON BLVD CORAL GABLES, FL	ARCHITECTS/ENGINE ERING	94,490.
<u>BEAUCHAMP CONSTRUCTION</u> ----- 247 MINORCA DRIVE CORAL GABLES, FL 33134	CONSTRUCTION	108,014.
<u>RAND</u> ----- LOS ANGELES, CA 90074-3174	CONSULTING SERVICES	100,000.
Total number of others receiving over \$50,000 for professional services ▶	0	

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 1 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		X
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?	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
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4	Do you have a section 403(b) annuity plan for your employees?	4	X
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			

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)(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.)	6,246,878.	2,585,407.	1,903,371.	5,656,239.	16,391,895.
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				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	356,092.	152,939.	112,273.	107,558.	728,862.
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 10	240,179.	240,179.
23 Total of lines 15 through 22	6,602,970.	2,875,614.	2,015,644.	6,303,976.	17,798,204.
24 Line 23 minus line 17	6,602,970.	2,875,614.	2,015,644.	6,003,976.	17,498,204.
25 Enter 1% of line 23	66,030.	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 349,964.
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 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 17,498,204.
d Add: Amounts from column (e) for lines 18 728,862. 19 137,268. 22 240,179. 26b					26d 1,106,309.
e Public support (line 26c minus line 26d total)					26e 16,391,895.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.6776%
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: N/A	(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: N/A	(2000)	(1999)	(1998)	(1997)	
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 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.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		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?		
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?		
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)		

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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	

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? If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)	33h	

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? If you answered "Yes" to either 34a or b please explain using an attached statement.	34b	
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	

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

CAMILLUS HOUSE, INC. & AFFILIATE

Employer identification number

65-0032862

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 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization CAMILLUS HOUSE, INC. & AFFILIATE	Employer identification number 65-0032862
---	---

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>373,991.</u>	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>		\$ <u>2,074,552.</u>	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>		\$ <u>134,963.</u>	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>		\$ <u>181,671.</u>	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>		\$ <u>200,000.</u>	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>		\$ <u>931,378.</u>	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

CAMILLUS HOUSE, INC. & AFFILIATE

65-0032862

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 403,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		\$ 114,357.	Person <input checked="" 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)
		\$	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)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
BROTHERS RESIDENCE	06/04/93	08/30/01	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
JOHN E. GARRITY	221,219.	118,074.	0.	47,433.	150,578.
TO FM 990, PART I, LN 8	221,219.	118,074.	0.	47,433.	150,578.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	529,487.		529,487.	95,065.	434,422.
TO FM 990, PART I, LINE 9	529,487.		529,487.	95,065.	434,422.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS PRIOR PERIOD ADJUSTMENT	<34,060.> 73,775.
TOTAL TO FORM 990, PART I, LINE 20	39,715.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TRANSPORTATION COSTS	80,148.	79,397.	717.	34.
REPAIRS & MINTENANCE	72,324.	59,364.	12,960.	0.
GENERAL AND ADMINISTRATIVE	433,207.	105,913.	316,550.	10,744.
UTILITIES	287,878.	243,515.	44,363.	
PROGRAM COSTS	391,956.	329,584.		62,372.
CONTRACTUAL & PROFESSIONAL SERVICES	557,496.	556,868.	628.	
CONTRIBUTIONS TO AFFILIATES	230,587.		230,587.	
FORGIVENESS OF DEBT FROM RELATED PARTY	1,658,848.		1,658,848.	
DEVELOPMENT COSTS	195,140.	3,826.		191,314.
EQUIPMENT/MAINT. CONTRACTS	90,159.	43,866.	46,255.	38.
TOTAL TO FM 990, LN 43	3,997,743.	1,422,333.	2,310,908.	264,502.

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT 5	
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS				37,987.	37,987.
TO 990, LN 54 COL B				37,987.	37,987.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OTHER REAL ESTATE	41,735.	0.	41,735.
TOTAL TO FORM 990, PART IV, LN 55	41,735.	0.	41,735.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VEHICLES	183,458.	89,730.	93,728.
FURNITURE & EQUIPMENT	707,725.	499,068.	208,657.
BUILDINGS	10,443,087.	1,767,483.	8,675,604.
LAND	1,730,853.	0.	1,730,853.
COMPUTER EQUIP.	100,252.	28,388.	71,864.
BUILDING IMPROVEMENTS	515,368.	134,022.	381,346.
LEASEHOLD IMPROVEMENTS	104,088.	81,210.	22,878.
CONSTRUCTION IN PROGRESS	350,653.	0.	350,653.
BUILDING UNDER CAPITAL LEASE	58,305.	43,581.	14,724.
TOTAL TO FORM 990, PART IV, LN 57	14,193,789.	2,643,482.	11,550,307.

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION		AMOUNT	
BENEFICIAL INTEREST IN PERP TRUST		241,250.	
MORTGAGES RECEIVABLE		2,654.	
REAL ESTATE HELD IN TRUST		247,500.	
TRUSTS RECEIVABLE		1,026,095.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		1,517,499.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

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 3R1, 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.
BROTHER RAPHAEL MIESZALA 336 NW 5TH SREET MIAMI, FL 33128	PRESIDENT & CEO 40	91,065.	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.

<p>GUILLERMO DESCALZI 19390 COLLINS AVENUE PH 7 MIAMI BEACH, FL 33160</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>THEODORE D. GELMAN 1554 W 25TH STREET SUNSET ISLAND 2 MIAMI BEACH, FL 33131</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>MORRIS N. BROAD 1030 HARDEE ROAD CORAL GABLES, FL 33146</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>KATE M. CALLAHAN 2111 TIGERTAIL COCONUT GROVE, FL 33133</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>ROGER CARLTON 200 S. BISCAYNE BLVD. SUITE 1080 MIAMI, FL 33131</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>ALAN G. GREER, ESQ 201 S. BISCAYNE BLVD, 10TH FLOOR MIAMI, FL 33131</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>LOURDES GUTIERREZ 3883 WOOD AVENUE COCONUT GROVE, FL 33133</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>JAMES L HORAN ONE BISCAYNE TOWER SUITE 2800 MIAMI, FL 33131</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>JONATHAN I KISLAK 7900 MIAMI LAKES DRIVE MIAMI LAKES, FL 33016</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>EDWARD J. JOYCE 700 BRICKELL AVENUE MIAMI, FL 33131</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>ROBERT LUDWIG, JR. 168 PARK DRIVE BAL HARBOUR, FL 33154</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>ANGELA MASSON PO BOX 190540 MIAMI BEACH, FL 33139</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>LEONA COOPER 200 WASHINGTON AVENUE CORAL GABLES, FL 33133</p>	<p>DIRECTOR 5</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>

CAMILLUS HOUSE, INC. & AFFILIATE

65-0032862

DALE SIMPSON 803 NW 9 AVENUE MIAMI, FL 33126	COO 40	133,500.	0.	0.
PETER ENGLAND 7620 SW 171 ST MIAMI, FL 33157	GOVERNMENT RELATIONS 40	81,660.	0.	0.
PAT CAWLEY 1135 103RD STREET APT A-3 MIAMI BEACH, FL	PROGRAM ADMINISTRATOR 40	62,120.	0.	0.
GEORGINA PARDO 6800 SW 67 STREET MIAMI, FL 33143	CFO 40	77,290.	0.	0.
RAMON RODRIGUEZ 2720 CORAL WAY MIAMI, FL 33145	DIRECTOR 5	0.	0.	0.
JOE PRUNE 780 NW 42 AVENUE MIAMI, FL 33126	DIRECTOR 5	0.	0.	0.
LOURDES P. SANCHEZ 9540 JOURNEY'S END ROAD CORAL GABLES, FL 33156	DIRECTOR 5	0.	0.	0.
SUHEL SKAF 5757 BLUE LAGOON DRIVE MIAMI, FL 33126	DIRECTOR 5	0.	0.	0.
JENNIFER L. TISTHAMMER 4095 HARDIE ROAD MIAMI, FL 33133	DIRECTOR 5	0.	0.	0.
ESTHER VIDAURRETE-PUJOL 400 SOUTH POINT DRIVE MIAMI BEACH, FL 33139	DIRECTOR 5	0.	0.	0.
KAREN MAHAR 820 15 STREET MIAMI BEACH, FL 33139	DIRECTOR OF PROGRAM DEVEL. 40	60,213.	0.	0.
LEDA PEREZ 1717 NO. BAYSHORE DRIVE #1550 MIAMI, FL 33132	PROJECT DIRECTOR 40	65,777.	0.	0.
RUSSELL RUSSELL 10275 COLLINS AVENUE #334 BAL HARBOUR, FL 33154	DIRECTOR OF DEVELOPMENT 40	55,386.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

627,011.	0.	0.
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SCHEDULE A	OTHER INCOME			STATEMENT 10
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
RENTS	0.	0.	0.	80,016.
SPLIT INTEREST	0.	0.	0.	160,163.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	240,179.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- 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	Name of Exempt Organization CAMILLUS HOUSE, INC. & AFFILIATE	Employer identification number 65-0032862
File by the due date for filing your return. See instructions	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)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> 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) SEE. 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, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2001 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 \$ _____ 0.

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 \$ _____ 0.

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 \$ _____ 0.

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 *[Handwritten Signature]* Title CPI Date 5/13/02
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12 2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization: CAMILLUS HOUSE, INC. & AFFILIATE
Employer identification number: 65-0032862
Number, street, and room or suite no: P.O. BOX 11829
City, town or post office, state, and ZIP code: MIAMI, FL 33101

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

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

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- 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) SEE. 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 is for

- I request an additional 3 month extension of time until NOVEMBER 15, 2002
For calendar year 2001, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension

AWAITING ADDITIONAL INFORMATION NECESSARY TO ACCURATELY COMPLETE THE TAX RETURN.

- 8a 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
8b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made
8c Balance Due Subtract line 8b from line 8a 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

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: [Handwritten Signature] Title: [Handwritten Title] Date: 8/2/02

Notice to Applicant - To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: C/O GSPLH
Number and street (include suite, room, or apt no) Or a P O box number: 2121 PONCE DE LEON BLVD.#1100
City or town, province or state, and country (including postal or ZIP code): CORAL GABLES, FLORIDA 33134

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print	Name of Exempt Organization CAMILLUS HOUSE, INC. & AFFILIATE	Employer identification number 65-0032862
File by the extended due date for filing the return. See instructions	Number, street and room or suite no. If a P O box, see instructions P.O. BOX 11829	For IRS use only
	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-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041 A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- 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) SEE. 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 is for

4 I request an additional 3 month extension of time until OCTOBER 15, 2002

5 For calendar year 2001, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension
AWAITING ADDITIONAL INFORMATION NECESSARY TO ACCURATELY COMPLETE THE TAX RETURN.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due Subtract line 8b from line 8a. 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 _____ Date _____

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Director _____ By _____ Date _____

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	Number and street (include suite, room, or apt. no.) Or a P O box number 2121 PONCE DE LEON BLVD.#1100
	City or town, province or state, and country (including postal or ZIP code) CORAL GABLES, FLORIDA 33134