

Return of Organization Exempt From Income Tax

2004

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 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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
CAMILLUS HOUSE, INC. & AFFILIATE

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
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
 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 **▶ 1**

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

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

I Group Exemption Number **▶ SMT1**

G Website: **▶ 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.**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 11,590,207.**

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

		11 APR 14 2005 RECEIVED OGDEN, UT			
Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support		1a	4,855,956.
	b	Indirect public support		1b	
	c	Government contributions (grants)		1c	4,878,115.
	d	Total (add lines 1a through 1c) (cash \$ 7,634,746. noncash \$ 2,099,325.)		1d	9,734,071.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	461,136.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	104,223.
	5	Dividends and interest from securities		5	2,534.
	6a	Gross rents		6a	
	b	Less: rental expenses		6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
7	Other investment income (describe ▶)		7		
Revenue	8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
	b	Less: cost or other basis and sales expenses		8a	
	c	Gain or (loss) (attach schedule)		8b	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8c	
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)		9a	1,225,683.
	b	Less: direct expenses other than fundraising expenses		9b	56,305.
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	1,169,378.
Revenue	10a	Gross sales of inventory, less returns and allowances		10a	
	b	Less: cost of goods sold		10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
11	Other revenue (from Part VII, line 103)		11	62,560.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	11,533,902.	
Expenses	13	Program services (from line 44, column (B))		13	9,768,329.
	14	Management and general (from line 44, column (C))		14	1,201,813.
	15	Fundraising (from line 44, column (D))		15	244,507.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	11,214,649.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	319,253.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	14,424,561.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2		20	<839,772.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	13,904,042.

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Part II Statement of Functional Expenses

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

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.	25 833,654.	25 576,403.	25 197,324.	25 59,927.
26 Other salaries and wages	26 3,234,574.	26 3,234,574.		
27 Pension plan contributions	27 111,799.	27 102,493.	27 6,883.	27 2,423.
28 Other employee benefits	28 620,644.	28 602,863.	28 17,781.	
29 Payroll taxes	29 362,538.	29 334,846.	29 19,426.	29 8,266.
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 32,780.	39 22,863.	39 9,572.	39 345.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 578,321.	42 421,569.	42 156,499.	42 253.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 5,440,339.	43e 4,472,718.	43e 794,328.	43e 173,293.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 11,214,649.	44 9,768,329.	44 1,201,813.	44 244,507.

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?

PROVIDE FOOD, SHELTER & SVCS TO HOMELESS/INDIGENT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a HOUSING SERVICES: TO PROVIDE HOUSING, CASE MANAGEMENT, JOB DEVELOPMENT AND OTHER SERVICES RELATED TO AIDING A CLIENT TO ACHIEVE SELF-SUFFICIENCY.	(Grants and allocations \$ _____)	3,223,549.
b HOSPITALITY SERVICES: TO PROVIDE BASIC SOCIAL SERVICES SUCH AS CLOTHING, FOOD, SHELTER, AND CASE MANAGEMENT TO CLIENTS WHO ARE CHRONICALLY HOMELESS.	(Grants and allocations \$ _____)	4,786,481.
c HEALING INSTITUTE FOR SOCIAL & PERSONAL ADJUSTMENTS: TO PROVIDE TREATMENT FOR HOMELESS INDIVIDUALS WHO SUFFER FROM CO-OCCURRING DISORDERS TO ENABLE THEM TO BREAK THE CYCLE OF HOMELESSNESS.	(Grants and allocations \$ _____)	1,758,299.
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)		9,768,329.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
		Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing	466,833.	45	405,069.
	46	Savings and temporary cash investments	1,165.	46	1,185.
	47 a	Accounts receivable	98,924.		
		b Less: allowance for doubtful accounts			
			434,926.	47c	98,924.
	48 a	Pledges receivable			
		b Less: allowance for doubtful accounts			
			565,946.	48c	
	49	Grants receivable	434,959.	49	830,321.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	276.		
		b Less: allowance for doubtful accounts			
			2,094.	51c	276.
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	124,700.	53	135,353.
54	Investments - securities	STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,670.	54	35,896.
55 a	Investments - land, buildings, and equipment: basis	15,000.			
	b Less: accumulated depreciation				
		5,235.	55c	15,000.	
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	17,266,020.			
	b Less: accumulated depreciation	STMT 5			
		4,705,150.	57c	12,560,870.	
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 6)	1,233,438.	58	2,071,669.	
59	Total assets (add lines 45 through 58) (must equal line 74)	16,158,579.	59	16,154,563.	
Liabilities	60	Accounts payable and accrued expenses	848,983.	60	813,842.
	61	Grants payable		61	
	62	Deferred revenue	55,158.	62	16,728.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable	829,877.	64b	1,419,951.
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities (add lines 60 through 65)	1,734,018.	66	2,250,521.	
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	13,155,364.	67	12,603,192.
	68	Temporarily restricted	1,040,030.	68	1,062,100.
	69	Permanently restricted	229,167.	69	238,750.
	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)	14,424,561.	73	13,904,042.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	16,158,579.	74	16,154,563.	

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	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization SEE STATEMENT 11 and check whether it is <input 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?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 124		
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 page 33 of the instructions.)

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CLIENT CONTRIBUTIONS					461,136.
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	104,223.	
96 Dividends and interest from securities			14	2,534.	
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					
101 Net income or (loss) from special events			01	1,169,378.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					62,560.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,276,135.	523,696.
105 Total (add line 104, columns (B), (D), and (E))					1,799,831.

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 page 34 of the instructions.)

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).
93A	SOME HOMELESS INDIVIDUALS CONTRIBUTE TO ROOM AND BOARD, BASED ON THEIR ABILITY TO PAY IN ORDER TO UNDERSTAND AND BE REHABILITATED IN SOCIAL RESPONSIBILITIES.
103A	MISCELLANEOUS FUNDS USED TO COVER COSTS NOT COVERED BY GRANTS/DONATIONS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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 page 34 of the instructions.)

- (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 Here: Georgina Pardo CFO Date: 4/10/06 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 4/10/06 Check if self-employed: Preparer's SSN or PTIN: 261-69-9617

Firm's name (or yours if self-employed), address, and ZIP + 4: GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ
2121 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134

EIN: [Blank] Phone no.: (305) 442-2200

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

2004

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
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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				
FELIX Y. MANLUNAS 6328 NW 179 TERRACE, MIAMI, FLORIDA 33015	MANAGER 40	52,054.	6,389.	
Total number of other employees paid over \$50,000 ▶	0			

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
GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ & CO., PA 2121 PONCE DE LEON BLVD, 11TH FLOOR, CORAL GABLES	AUDIT AND TAX SERVICES	53,105.
ALTENAHN CONSULTING 8020 EAST DRIVE #318, MIAMI BEACH, FL 33141	CONSULTING SERVICES	58,100.
RODRIGUEZ & QUIROGA 2100 PONCE DE LEON BLVD, MEZZANINE, CORAL GABLES	ARCHITECTURAL CONSULTING	344,958.
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 ▶ \$ _____ \$ <u>22,562.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I 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.	1	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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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 5 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,242,322.	8,825,952.	3,402,338.	6,246,878.	27,717,490.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,694.	21,389.	16,720.	356,092.	398,895.
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	454,128.	289,568.	SEE STATEMENT 12 181,674.		925,370.
23 Total of lines 15 through 22	9,701,144.	9,136,909.	3,600,732.	6,602,970.	29,041,755.
24 Line 23 minus line 17	9,701,144.	9,136,909.	3,600,732.	6,602,970.	29,041,755.
25 Enter 1% of line 23	97,011.	91,369.	36,007.	66,030.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 580,835.
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 2000 through 2003 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 29,041,755.
d Add: Amounts from column (e) for lines: 18 398,895. 19 _____ 22 925,370. 26b _____					26d 1,324,265.
e Public support (line 26c minus line 26d total)					26e 27,717,490.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.4401%
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					
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					
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 2000 through 2003, 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.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) **N/A**

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

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38														

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
X		22,562.
	X	
		22,562.

SEE STATEMENT 13

CAMILLUS HOUSE, INC.
BOARD OF DIRECTORS
2005 - 2006

<p>Robert Dickinson (Bob), President & CEO CARNIVAL CRUISE LINES 3655 NW 87th Avenue Miami, FL 33178 Email bdickinson@carnival.com AA Janet Simpkins & Suzanne Torres jsimpkins@carnival.com storres@camival.com</p> <p>Phone (305) 406-4688 Fax (305) 406-8699 BOD Title: Chairman Term of Office 02/01/05 – 01/31/08</p>	<p>Edward J. Joyce (Ed), Sr. V P. & Chief Trust Adm Officer NORTHERN TRUST BANK 700 Brickell Avenue, 8th FL Miami, FL 33131 Email ej11@ntrs.com Phone (305) 789-1118 AA Yadira Choung yc13@ntrs.com</p> <p>Phone (305) 373-2869 Fax: (305) 789-1386 BOD Title: Vice Chairman Term of Office: 7/1/03 – 6/30/06</p>
<p>Kate M. Callahan THE HUNTINGTON CONSULTING GROUP 2111 Tigertail Coconut Grove, FL 33133 Email KCalla1067@aol.com</p> <p>Phone (305) 860-9226 Fax. (305) 860-0622</p> <p>BOD Title Director Term of Office: 9/1/03- 9/1/06</p>	<p>Roger Carlton 888 Brickell Key Drive, Unit 1603 Miami, FL 33131 Email rcarlton57@hotmail.com or carlton@miamidade.gov AA. TBA</p> <p>Phone (305) 375-1096 Fax: Cell: (305) 586-1882</p> <p>BOD Title Director Term of Office: 7/1/04 –6/30/07</p>
<p>Ray Casas, Principal WRAGG & CASAS 1000 Brickell Avenue, Suite 400 Miami, FL 33131 Email Rcasas@wraggcasas.com AA Nancy Reese nreese@wraggcasas.com</p> <p>Phone (305) 372-1234 Fax: (305) 372-8565 BOD Title. Director Term of Office. 7/1/04 – 6/30/07</p>	<p>Ric Cooper, President & CEO COOPER DDB 806 Douglas Road – 11th Floor Miami, FL 33134 Email rcooper@cooperddb.com AA Sandra Napoletano snapoletano@cooperddb.com</p> <p>Phone. (305) 529-4300 Fax: (305) 529-4308 BOD Title. Director Term of Office. 10/1/04 – 9/30/07</p>
<p>Alberto Cosio, Managing Director Bernstein Investment Research and Management 701 Brickell Ave Suite 2240 Miami, FL 33131 Email cosioaf@bernstein.com AA Nilda Soler solern@bernstein.com</p> <p>Phone (305) 530-6225 Fax (305) 530-6262 BOD Title Director Term of Office. 10/01/05 – 09/30/08</p>	<p>Beatriz Cuenca-Barberio, Esq. Executive Director DOWNTOWN MIAMI COMMUNITY DEVELOPMENT 200 S Biscayne Blvd – Suite #2929 Miami, FL 33131 Email barberio@miamidda.com AA Christine Kline Phone (305) 579-6675 Fax (305) 371-2423 BOD Title. Director Term of Office: 4/1/04 – 4/30/07</p>
<p>John Dubois MARDEL DEVELOPMENT CORP 18495 S Dixie Highway - PMB 107 Miami, FL 33157 Email john@mardel.us</p> <p>Phone (786) 888-4000 Cell (786) 888-4005 BOD Title Director Term of Office 7/1/04 - 6/30/07</p>	<p>Sue Gallagher GALLAGHER FINANCIAL SYSTEMS Vice President/Chairman of Steering Committee 7301 SW 57th Court, Suite 570 South Miami, FL 33143 Email Sue.Gallagher@netoxygen.com</p> <p>Phone (305) 665-5099 Fax (305) 665-0547 BOD Title Director Term of Office 4/1/04 – 4/30/07</p>

<p>Rep. Rene Garcia FLORIDA HOUSE OF REPRESENTATIVES 3766 West 12th Avenue Hialeah, FL 33012 Email rene.garcia@myfloridahouse.gov AA Lili Rodriguez liliana.rodriguez@myfloridahouse.gov</p> <p>Phone. (305) 827-2767 Fax (305) 827-2769 BOD Title. Director Term of Office. 7/1/03 – 6/30/06</p>	<p>Theodore (Ted) Gelman DOMINIC & DOMINIC 1554 W. 25th Street Sunset Island II Miami Beach, FL 33140 Email: gelmant@aol.com Phone (305) 416-5201 AA Leslie Phone (305) 677-6706 Fax. 374-8134 BOD Title. Director Term of Office 4/1/04 – 4/30/07</p>
<p>Robert F. Hudson, Jr., Partner BAKER & McKENZIE 1111 Brickell Avenue, Suite 1700 Miami, FL 33131 Email bob.hudson@bakernet.com</p> <p>AA Cecilia Reategui cecilia.reategui@bakernet.com Phone (305) 789-8906 Fax (305) 789-8953 BOD Title Director Term of office 7/1/03 – 6/30/06</p>	<p>Keith Koenig, President CITY FURNITURE 6701 North Hiatus Road Tamarac, FL 33321 Email keithk@city-furniture.com</p> <p>AA: Gretchen S. Hernandez gretchen@city-furniture.com</p> <p>Phone (954) 718-3224 Fax 954.718.3320 BOD Title Director Term of Office 10/01/04 – 9/30/07</p>
<p>Ronald Kohn, CCIM 3580 Palmetto Avenue Coconut Grove FL 33133 Email ronkohn@aol.com</p> <p>Phone (305) 785-6957 (cell) Fax (775) 317-5240 BOD Title Director Term of Office June 2005</p>	<p>Victor Lopez, Sr. Division VP, Field Operations HYATT HOTELS AND RESORTS 2 Alhambra Plaza, Suite 609 Coral Gables, FL 33134 Email vlopez@hyatt.com</p> <p>AA Susan Lebrun slebrun@hyatt.com</p> <p>Phone: (305) 461-4928 x 10 Fax: (305) 461-0880 BOD Title Director Term of Office 7/1/04 – 6/30/07</p>
<p>Robert Ludwig, Jr. 168 Park Drive Bal Harbour, Florida 33154</p> <p>Phone (305) 864-5929 Fax: (305) 866-0904 or (828) 264-1134 BOD Title Director Term of Office: 7/1/04 – 6/30/07</p>	<p>Br. Majella Marchand BGS/Camillus House, Inc 336 NW 5th Street Miami, FL 33128</p> <p>Phone. (305) 374-1065 ext. 413 Fax. (305) 372-1402 Email Address: Majella@bellsouth.net</p>
<p>Albert R. Molina, Partner PARK WEST GROUP 16000 N W 59th Avenue Miami Lakes, FL 33014 Email amolina@parkwestgallery.com Phone: (305) 817-6400 ext 2005 Fax (305) 819-4313</p> <p>AA Camille Dunn ext. 2008 cdunn@parkwestgallery.com BOD Title Director Term of Office 4/01/04 – 4/30/07</p>	<p>Peter Negrete, VP and General Manager COMCAST 1306 N W 7th Avenue Miami, FL 33136 Email peter.negrete@cable.comcast.com Phone (305) 575-8100 ext 5678 Fax . (305) 575-8158</p> <p>AA Candy Torres (305) 575-8166 Candy.Torres@cable.comcast.com BOD Title Director Term of Office: 7/01/04 – 6/30/07</p>
<p>Larry Pimentel, President, CEO & Co-Owner SEADREAM YACHT CLUB 2601 S Bayshore Drive - Penthouse 1-B Coconut Grove, FL 33133 Phone (305) 631-6101 Fax (305) 631-6110 Email lpimentel@seadreamyachtclub.com</p> <p>AA Carole Amaddio camaddio@seadreamyachtclub.com BOD Title Director Term of Office 4/1/04 – 4/30/07</p>	<p>Rep. Yolly Roberson FLORIDA HOUSE OF REPRESENTATIVES 645 N E 127th Street, N Miami, FL 33161 Email yolly.roberson@myfloridahouse.gov AA Tracy Lozama Email tracy.lozama@myfloridahouse.gov</p> <p>Phone (305) 919-1867 Fax (305) 919-1869 BOD Title Director Term of Office 7/1/03 – 6/30/06</p>

<p>Ramon Rodriguez (Ray) Sr Vice President TOTAL BANK 2720 Coral Way Miami, Florida 33145 Email: rrodriguez@totalbank.com Phone (305) 476-6393 Fax (305) 448-8201</p> <p>AA Mireisy Solares (305) 476-6261 msolares@totalbank.com BOD Title Director Term of Office 7/1/04 - 6/30/07</p>	<p>Raul L. Rodriguez RODRIGUEZ & QUIROGA ARCHITECTS CHARTERED 2100 Ponce de Leon Boulevard, Mezzanine Coral Gables, FL 33134 Email: RLRodriguez@rodriguezquiroga.com Phone (305) 448-7417 Fax (305) 448-2712</p> <p>AA Marilyn Fonts ext 13 mfonts@rodriguezquiroga.com BOD Title Secretary Term of Office 02/01/05 – 01/31/08</p>
<p>Enrique “Rick” Silva Sr Vice President, Franchise Operations East Zone BURGER KING CORPORATION 5505 Blue Lagoon Drive Miami, FL 33126 Email: esilva@whopper.com Phone: (305) 378-3201 Fax: (305) 378-7522</p> <p>AA Janet Berland jberland@whopper.com Phone: (305) 378-7936 BOD Title Director Term of Office May 2005</p>	<p>William D. Talbert III, President & CEO GREATER MIAMI CONVENTION & VISITORS BUREAU ("GMCVB") 701 Brickell Avenue, Suite 2700 Miami, FL 33131 Email: talbert@gmcbv.com Phone: (305) 539-3040 Fax: (305) 539-3125</p> <p>AA Toni Johnston toni@gmcbv.com BOD Title Director Term of Office: 7/1/03 – 6/30/06</p>
<p>Peter “Chip” Vandenberg, Jr., Partner TRIVEST PARTNERS L P. 2665 South Bayshore Drive – Suite 800 Miami, Florida 33133 Email: cvandenberg@trivest.com Phone: (305) 858-2200 ext 21 Fax: (305) 285-0102</p> <p>AA Eileen Allen ext.- 3482 eallen@trivest.com BOD Title Director Term of Office June 2005</p>	<p>Rev. Msgr. John J. Vaughan ST PATRICK CATHOLIC CHURCH 3716 Garden Avenue Miami Beach, FL 33140 Phone: (305) 531-1124 Fax: (305) 538-3203</p> <p>AA: Mery Cuesta ext. 112 meryc@mail.stpatrickchurch.net Archdiocese Phone. 305-757-6241 x- 1037 fax: 305-758-5251 BOD Title Treasurer Term of Office 02/01/05 – 01/31/08</p>
<p>Lee I. Weintraub, Esq WEINTRAUB & ROSEN 800 Brickell Avenue - #1270 Miami, FL 33131 Email: liw@wrklaw.net Phone (305) 373-2950 x 13 Fax (305) 373-2951</p> <p>AA Nancy Ginart ng@wrklaw.net BOD Title Director Term of Office 7/1/03 – 6/30/06</p>	<p>Roger Soman, Chairman Emeritus TOUCAN ADVISORS, INC 700 Biltmore Way Suite 710 Coral Gables, FL 33134-7545 Email: prdsoman@aol.com Phone (305) 447-9235 Fax. (305) 567-3187</p> <p>AA Edith Martinez BOD Title Chairman Emeritus Term of Office N/A</p>

Staff:

Dr Paul R. Ahi, President
CAMILLUS HOUSE, INC
336 NW 5th Street
Miami, FL 33128

Phone (305) 374-1065

Georgina Pardo, Chief Financial Officer
Peter England, Director of Government Relations
Sam Gil, Vice President, Marketing
Emily Marquez, Vice President of Institutional Advancement
Pat Cawley, Clinical Director
Karen Mahar, Director of Program Development
Barbara Romero, Director of Human Resources
Monique Folston, Executive Assistant

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	1,225,683.		1,225,683.	56,305.	1,169,378.
TO FM 990, PART I, LINE 9	1,225,683.		1,225,683.	56,305.	1,169,378.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	113,980.
PRIOR PERIOD ADJUSTMENT AS PER AUDITED FINANCIAL STATEMENTS	<953,752.>
TOTAL TO FORM 990, PART I, LINE 20	<839,772.>

FORM 990 LINE H(C) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN STATEMENT 3

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
CHARITY UNLIMITED OF FLORIDA, INC.	336 NW 5TH STREET - MIAMI, FL 33128	65-0627797

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
REPAIRS & MAINTENANCE	293,502.	264,273.	27,042.	2,187.
GENERAL AND ADMINISTRATIVE	767,634.	119,413.	640,759.	7,462.
UTILITIES & TAXES	753,912.	684,980.	67,170.	1,762.
PROGRAM COSTS	941,118.	930,338.	4,164.	6,616.
CONTRACTUAL & PROFESSIONAL SERVICES	41,061.	40,722.	339.	
INSURANCE	280,675.	242,231.	22,978.	15,466.

CAMILLUS HOUSE, INC. & AFFILIATE

65-0032862

DEVELOPMENT COSTS	156,933.	1,247.	15,890.	139,796.
EQUIPMENT/MAINT.				
CONTRACTS	85,470.	72,688.	12,782.	
IN-KIND DONATIONS	2,064,789.	2,064,789.		
FLEET	55,245.	52,037.	3,204.	4.
TOTAL TO FM 990, LN 43	5,440,339.	4,472,718.	794,328.	173,293.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VEHICLES	333,455.	181,920.	151,535.
FURNITURE & EQUIPMENT	1,056,952.	830,886.	226,066.
BUILDINGS	9,698,876.	2,739,161.	6,959,715.
LAND	1,693,473.	0.	1,693,473.
COMPUTER EQUIP.	235,931.	82,909.	153,022.
BUILDING IMPROVEMENTS	704,342.	365,735.	338,607.
LEASEHOLD IMPROVEMENTS	232,507.	153,776.	78,731.
CONSTRUCTION IN PROGRESS	844,989.	206,053.	638,936.
BUILDING UNDER CAPITAL LEASE	58,305.	0.	58,305.
CHRISTIAN HOSPITAL PROJECT	907,999.	0.	907,999.
BUILDING IMPROVEMENTS	239,021.	103,103.	135,918.
LAND	544,000.	0.	544,000.
BUILDING	229,500.	0.	229,500.
BUILDING	486,670.	41,607.	445,063.
BUILDING IMPROVEMENTS	4,150.	0.	4,150.
TOTAL TO FORM 990, PART IV, LN 57	17,270,170.	4,705,150.	12,565,020.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN PERP TRUST	238,750.
TRUSTS RECEIVABLE	1,831,608.
DUE FROM AFFILIATES	1,311.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,071,669.

FORM 990

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

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL R. AHR 8020 E DRIVE, NO. 318 MIAMI BEACH, FLORIDA 33141	CEO 40	114,925.	2,750.	0.
BRO. MAJELLA MARCHAND, BGS 336 NW 5TH STREET MIAMI, FLORIDA 33128	DIRECTOR MISSION INTEGR. 40	55,000.	0.	0.
GEORGINA M. PARDO 6800 SW 67TH STREET MIAMI, FLORIDA 33143	CFO 40	82,322.	8,069.	0.
PETER ENGLAND 7620 SW 171 STREET PALMETTO BAY, FLORIDA 33157	DIRECTOR GOVT RELATIONS 40	87,477.	8,350.	0.
PATRICIA CAWLEY 1135 103 ST. APT A-3 MIAMI BEACH, FLORIDA 33154	DIRECTOR, CLINICAL 40	68,902.	7,336.	0.
KAREN MAHAR 831 10TH STREET, NO. 2 MIAMI BEACH, FLORIDA 33139	DIRECTOR PROGRAM DEVELOPMT 40	68,049.	7,700.	0.
AUNDRAY ADAMS 9421 CHELSEA DRIVE MIRAMAR, FLORIDA 33025	DIRECTOR, JOB PROGRAM 40	60,325.	6,822.	0.
STEPHANIE GEIRING 7251 SW 34 STATE ROAD MIAMI, FLORIDA 33155	DIRECTOR, HOUSING PROGRAMS 40	61,601.	6,937.	0.
KATHERINE GARCIA 6070 ALTON ROAD MIAMI BEACH, FLORIDA 33140	DIRECTOR, ISPA 40	62,454.	3,495.	0.
SAM GIL 221 NW 132 COURT MIAMI, FLORIDA 33182	VICE PRESIDENT 40	71,442.	3,792.	0.
THOMAS CAMPBELL 831 10TH STREET, NO. 2 MIAMI BEACH, FLORIDA 33139	DIRECTOR, EVALUATION ASSUR 40	50,079.	6,233.	0.

BARBARA ROMERO 1360 WEST 34TH STREET HIALEAH, FLORIDA 33012	DIRECTOR, HUMAN RESOURCES 40	51,077.	5,229.	0.
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SEE ATTACHED BOARD OF DIRECTORS LIST

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

833,653. 66,713. 0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 11
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
METATHERAPY SOUTH DADE HOUSING FOR THE HOMELESS, INC.	X	

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	29,116.	13,241.	26,899.	0.
ROOM & BOARD	425,012.	276,327.	154,775.	0.
TOTAL TO SCHEDULE A, LINE 22	454,128.	289,568.	181,674.	0.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 13

ORGANIZATION HIRED A FIRM TO REPRESENT ITS INTERESTS IN THE STATE CAPITAL,
IN THE MATTERS OF APPROPRIATIONS AND STATE FUNDING.

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 File by the extended due date for filing the return See instructions	Name of Exempt Organization CAMILLUS HOUSE, INC.	Employer identification number 65-0032862
	Number, street, and room or suite no. If a P.O. box, see instructions 336 N.W. 5 STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. MIAMI, FL 33128	

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(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

The books are in the care of Telephone No. FAX No.

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until MAY 15, 2006
For calendar year _____, or other tax year beginning JULY 1, 2004 and ending JUNE 30, 2005
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 FROM OUTSIDE SOURCES IN ORDER TO ACCURATELY COMPLETE THE TAX RETURN.**

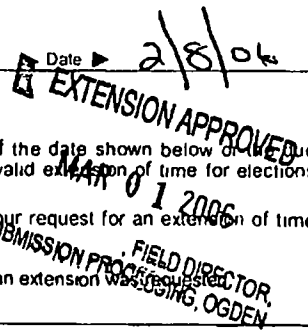
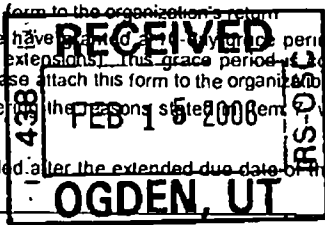
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0
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 \$ 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 [Signature] Title CPA Date 2/8/06

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 on Form 8868, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
 We cannot consider this application because it was filed after the extended 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

Type or print	Name GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ & CO, PA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2121 PONCE DE LEON BLVD., SUITE 1100
	City or town, province or state, and country (including postal or ZIP code) CORAL GABLES, FL 33134