

990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

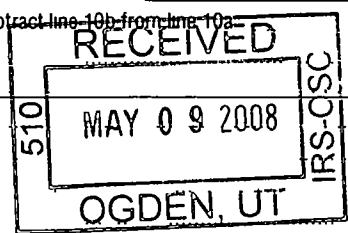
A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CAMILLUS HOUSE, INC. & AFFILIATE. D Employer identification number: 65-0032862. E Telephone number: (305) 374-1065. F Accounting method: Cash, Accrual.

G Website: CAMILLUS.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 21,271,133. M Check if the organization is not required to attach Sch B.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions received, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.



SCANNED 11 JUN 11 A 2008

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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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A STMT 4	1,250,132.	369,346.	646,298.	234,488.
<b>25b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	3,344,160.	3,344,160.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	2,980.	2,980.		
<b>28</b> Employee benefits not included on lines 25a - 27	757,048.	701,261.	42,110.	13,677.
<b>29</b> Payroll taxes	378,957.	350,433.	15,322.	13,202.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel	41,867.	19,580.	20,192.	2,095.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	705,362.	532,889.	167,451.	5,022.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	5,513,329.	4,183,083.	879,060.	451,186.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	11,993,835.	9,503,732.	1,770,433.	719,670.

**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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► PROVIDE FOOD, SHELTER & SVCS TO HOMELESS/INDIGENT	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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.)	
<b>a HOUSING SERVICES: TO PROVIDE HOUSING, CASE MANAGEMENT, JOB DEVELOPMENT AND OTHER SERVICES RELATED TO AIDING A CLIENT TO ACHIEVE SELF-SUFFICIENCY.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,315,508.
<b>b HOSPITALITY SERVICES: TO PROVIDE BASIC SOCIAL SERVICES SUCH AS CLOTHING, FOOD, SHELTER, AND CASE MANAGEMENT TO CLIENTS WHO ARE CHRONICALLY HOMELESS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,603,668.
<b>c HEALING INSTITUTE FOR SOCIAL &amp; PERSONAL ADJUSTMENTS: TO PROVIDE TREATMENT FOR HOMELESS INDIVIDUALS WHO SUFFER FROM CO-OCCURRING DISORDERS TO ENABLE THEM TO BREAK THE CYCLE OF HOMELESSNESS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,584,556.
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	9,503,732.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash - non-interest-bearing	505,792.	45	1,239,912.
	46	Savings and temporary cash investments	1,230.	46	1,290.
	47 a	Accounts receivable	47a 438,882.		
	b	Less: allowance for doubtful accounts	47b	206,191.	47c 438,882.
	48 a	Pledges receivable	48a 7,899,115.		
	b	Less: allowance for doubtful accounts	48b 745,490.	380,000.	48c 7,153,625.
	49	Grants receivable		1,414,883.	49 1,490,388.
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b	276.	51c
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges		108,513.	53 287,475.
	54 a	Investments - publicly-traded securities			54a
	b	Investments - other securities	STMT 7	40,925.	54b 584,859.
55 a	Investments - land, buildings, and equipment: basis	55a 15,000.			
b	Less: accumulated depreciation	55b	15,000.	55c 15,000.	
56	Investments - other			56	
57 a	Land, buildings, and equipment: basis	57a 23,267,060.			
b	Less: accumulated depreciation	57b 6,585,299.	15,952,410.	57c 16,681,761.	
58	Other assets, including program-related investments (describe SEE STATEMENT 6 )		1,432,466.	58 1,623,221.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58		20,057,686.	59 29,516,413.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		60 1,135,845.	1,537,174.
	61	Grants payable		61	
	62	Deferred revenue		53,519.	62 60,518.
	63	Loans from officers, directors, trustees, and key employees			63
	64 a	Tax-exempt bond liabilities			64a
	b	Mortgages and other notes payable		2,812,147.	64b 2,757,285.
	65	Other liabilities (describe )			65
66	<b>Total liabilities.</b> Add lines 60 through 65		4,001,511.	66 4,354,977.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		67 14,797,758.	16,472,814.
	68	Temporarily restricted		68 1,008,417.	8,457,980.
	69	Permanently restricted		69 250,000.	230,642.
	<b>Organizations that do not follow SFAS 117, check here</b> <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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		16,056,175.	73 25,161,436.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		20,057,686.	74 29,516,413.	





Part VI Other Information (continued)		Yes	No
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 N/A		
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 on line 85f?		
	N/A		
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		
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 a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		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		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.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
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, 2006	90b	156
91 a	The books are in care of ▶ GEORGINA PARDO Telephone no ▶ (305) 374-1065 Located at ▶ 336 NW 5TH ST., MIAMI, FL ZIP + 4 ▶ 33128		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) Yes No

c<sup>1</sup> At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

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 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					544,607.
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	130,765.	
96 Dividends and interest from securities			14	437.	
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	1,340,531.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					40,668.
b OTHER INCOME					36,750.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,471,733.	622,025.
105 Total (add line 104, columns (B), (D), and (E))					2,093,758.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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)
▼	SEE STATEMENT 11

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
<b>Totals</b>						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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:   
 Signature of officer: Georgina M. Pardo Date: 5/5/08  
 Type or print name and title: Georgina M. Pardo CFO

Paid Preparer's Use Only:   
 Preparer's signature: V. [Signature] CPA Date: 5/1/08 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: GOLDSTEIN SCHECHTER KOCH  
2121 PONCE DE LEON BLVD., #1100  
CORAL GABLES, FL 33134 EIN: \_\_\_\_\_ Phone no: (305) 442-2200

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

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 2 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
MARCY BELFI 19355 TURNBERRY WAY, UNIT C, AVENTURA	MANAGER, SPECIAL EVN 40.00	51,500.	6,433.	
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A 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
RODRIGUEZ & QUIROGA ARCHITECTS 2100 PONCE DE LEON BLVD., CORAL GABLES, FL 33134	ARCHITECT FEES	194,166.
GOLDSTEIN SCHECHTER KOCH 2121 PONCE DE LEON BLVD, 11TH FLOOR, CORAL GABLES	AUDIT AND TAX SERVICES	84,937.
SPECTRUM 3, INC. 336 NW 5TH ST., MIAMI, FLORIDA 33128	MIS CONSULTING SERVICES	63,897.
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

**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 ► \$ \_\_\_\_\_ \$ 56,679. (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

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

- a** Sale, exchange, or leasing of property?
- b** Lending of money or other extension of credit?
- c** Furnishing of goods, services, or facilities?
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
- e** Transfer of any part of its income or assets?

**3 a** Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )

- b** Did the organization have a section 403(b) annuity plan for its employees?
- c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement
- d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

**4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g

- b** Did the organization make any taxable distributions under section 4966?
- c** Did the organization make a distribution to a donor, donor advisor, or related person?

- d** Enter the total number of donor advised funds owned at the end of the tax year
- e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year
- f** Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts
- g** Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

	Yes	No
<b>1</b>	X	
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		X
<b>2d</b>	X	
<b>2e</b>		X
<b>3a</b>		X
<b>3b</b>	X	
<b>3c</b>		X
<b>3d</b>		X
<b>4a</b>		X
<b>4b</b>		
<b>4c</b>		
		N/A
		N/A
		N/A
		0.
		0.

N/A  
N/A

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations. (See page 7 of the instructions )**

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	8,175,317.	8,903,750.	9,242,322.	8,825,952.	35,147,341.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	104,093.	106,757.	4,694.	21,389.	236,933.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	143,454.	62,560.	SEE STATEMENT 12 454,128.	289,568.	949,710.
<b>23</b> Total of lines 15 through 22	8,422,864.	9,073,067.	9,701,144.	9,136,909.	36,333,984.
<b>24</b> Line 23 minus line 17	8,422,864.	9,073,067.	9,701,144.	9,136,909.	36,333,984.
<b>25</b> Enter 1% of line 23	84,229.	90,731.	97,011.	91,369.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					▶ 26a 726,680.
<b>b</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 2002 through 2005 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.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					▶ 26c 36,333,984.
<b>d</b> Add: Amounts from column (e) for lines 18 <u>236,933.</u> 19 _____ 22 <u>949,710.</u> 26b _____					▶ 26d 1,186,643.
<b>e</b> Public support (line 26c minus line 26d total)					▶ 26e 35,147,341.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					▶ 26f 96.7341%
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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	(2005)	(2004)	(2003)	(2002)	N/A
<b>b</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 11b, 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	(2005)	(2004)	(2003)	(2002)	N/A
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					▶ 27c N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					▶ 27d N/A
<b>e</b> Public support (line 27c total minus line 27d total)					▶ 27e N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					▶ 27f N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					▶ 27g N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					▶ 27h N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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?		
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 )		
_____			
_____			
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 )		
_____			
_____			
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 10 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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

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 13 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 13 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	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body	X		56,679.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.)			56,679.

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

SEE STATEMENT 13



Asset Number	Description of property					Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/IRC sec	Life or rate	Line No					
7	VEHICLES								
			.000	16		339,982.		259,431.	30,971.
8	FURNITURE & EQUIPMENT								
			.000	16		1,200,791.		938,075.	80,394.
9	BUILDINGS								
			.000	16		9,642,268.		2,950,475.	216,312.
10	LAND								
			.000	16		1,423,911.			0.
11	COMPUTER EQUIP.								
			.000	16		242,091.		188,392.	16,742.
12	BUILDING IMPROVEMENTS								
			.000	16		547,819.		405,562.	97,184.
13	LEASEHOLD IMPROVEMENTS								
			.000	16		246,636.		116,870.	18,944.
15	CONSTRUCTION IN PROGRESS								
			.000	16		978,294.		14,827.	0.
18	BUILDING UNDER CAPITAL LEASE								
			.000	16		58,305.			0.
19	CHRISTIAN HOSPITAL PROJECT								
			.000	16		914,443.			0.
20	BUILDING IMPROVEMENTS								
			.000	16		493,720.		161,043.	29,702.
21	LAND								
			.000	16		544,000.			0.
22	BUILDING								
			.000	16		229,500.		76,765.	5,738.
23	BUILDING								
			.000	16		493,686.		64,777.	25,095.
24	EQUIPMENT								
			.000	16		21,410.			0.
25	BUILDING - CAMILLUS SOUTH DADE								
			.000	16		4,299,944.		679,112.	107,499.
26	FURNITURE & EQUIPMENT - SOUTH DADE								
			.000	16		83,467.		13,167.	2,086.
27	COMPUTER EQUIP.								
			.000	16		31,077.		4,872.	777.
28	PLAYGROUND EQUIPMENT								
			.000	16		41,000.		6,571.	1,025.
29	CAMILLUS WAREHOUSE BUILDING								
	123106	SL	27.50	16		11,461.			591.
30	RELOCATION PROJECT								
	123106	SL	27.50	16		625,725.			0.
31	FURNITURE & EQUIPMENT								
	123106	200DB	7.00	19C		165,394.			13,087.
32	COMPUTER EQUIPMENT								
	123106	200DB	5.00	19B		134,181.			20,463.
33	BUILDING IMPROVEMENTS								
	123106	SL	27.50	16		384,778.			26,510.
34	COTTAGES WATER MAINTENANCE PROJECT								
	123106	SL	27.50	16		106,934.			11,762.
35	BLACK FLORIDA PHOTO MONTAGE								
	123106	200DB	5.00	19B		7,200.			480.
36	(D) VEHICLES								
	123106	200DB	5.00	19B		11,055.			0.



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FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS - GALA AND FUNDRAISING	1,525,726.		1,525,726.	185,195.	1,340,531.
TO FM 990, PART I, LINE 9	1,525,726.		1,525,726.	185,195.	1,340,531.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS PRIOR PERIOD ADJUSTMENT	13,158.
TOTAL TO FORM 990, PART I, LINE 20	13,158.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
REPAIRS & MAINTENANCE GENERAL AND ADMINISTRATIVE UTILITIES	416,191.	367,888.	47,837.	466.
PROGRAM COSTS CONTRACTUAL & PROFESSIONAL SERVICES	595,350.	162,534.	402,737.	30,079.
INSURANCE DEVELOPMENT COSTS EQUIPMENT/MAINT. CONTRACTS	877,347.	776,217.	94,181.	6,949.
IN-KIND DONATIONS FLEET MINISTRY STIPEND COSTS UNALLOWABLE COSTS	1,014,428.	993,203.	15,314.	5,911.
	85,000.	85,000.		
	369,127.	331,274.	22,241.	15,612.
	405,896.	727.	17,427.	387,742.
	99,956.	94,489.	5,467.	
	1,238,537.	1,238,537.		
	63,514.	58,964.	4,323.	227.
	291,304.	74,250.	212,854.	4,200.
	56,679.		56,679.	
TOTAL TO FM 990, LN 43	5,513,329.	4,183,083.	879,060.	451,186.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PAUL R. AHR	228,527.	12,167.		240,694.
A. PROGRAM SERVICES	20,225.	1,077.		21,302.
B. MANAGEMENT AND GENERAL	208,302.	11,090.		219,392.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GLORIA BARBIER	123,532.	5,162.		128,694.
A. PROGRAM SERVICES	12,872.	538.		13,410.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	110,660.	4,624.		115,284.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GEORGINA M. PARDO	87,131.	8,050.		95,181.
A. PROGRAM SERVICES	7,711.	712.		8,423.
B. MANAGEMENT AND GENERAL	79,420.	7,338.		86,758.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PETER ENGLAND	93,669.	8,620.		102,289.
A. PROGRAM SERVICES	8,796.	810.		9,606.
B. MANAGEMENT AND GENERAL	58,346.	5,369.		63,715.
C. FUNDRAISING	26,527.	2,441.		28,968.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PATRICIA CAWLEY	87,977.	7,882.		95,859.
A. PROGRAM SERVICES	7,786.	698.		8,484.
B. MANAGEMENT AND GENERAL	80,191.	7,184.		87,375.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KAREN MAHAR	72,108.	7,370.		79,478.
A. PROGRAM SERVICES	18,005.	1,840.		19,845.
B. MANAGEMENT AND GENERAL	54,103.	5,530.		59,633.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEPHANIE GEIRING	27,427.	2,826.		30,253.
A. PROGRAM SERVICES	27,427.	2,826.		30,253.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KATHERINE GARCIA	66,394.	7,110.		73,504.
A. PROGRAM SERVICES	66,394.	7,110.		73,504.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SAM GIL	84,863.	3,851.		88,714.
A. PROGRAM SERVICES	8,843.	401.		9,244.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	76,020.	3,450.		79,470.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
FRANK FERRARA	53,554.	6,526.		60,080.
A. PROGRAM SERVICES	43,957.	5,357.		49,314.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	9,597.	1,169.		10,766.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
FELIX Y. MANLUNAS	61,210.	6,775.		67,985.
A. PROGRAM SERVICES	5,417.	600.		6,017.
B. MANAGEMENT AND GENERAL	55,793.	6,175.		61,968.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BARBARA ROMERO	67,001.	7,006.		74,007.
A. PROGRAM SERVICES	5,930.	620.		6,550.
B. MANAGEMENT AND GENERAL	61,071.	6,386.		67,457.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
FRED MIMS	52,490.	5,996.		58,486.
A. PROGRAM SERVICES	52,490.	5,996.		58,486.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KENNETH KING	48,654.	6,254.		54,908.
A. PROGRAM SERVICES	48,654.	6,254.		54,908.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				369,346.
TOTAL MANAGEMENT AND GENERAL				646,298.
TOTAL FUNDRAISING				234,488.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>1,250,132.</u>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VEHICLES	339,982.	290,402.	49,580.
FURNITURE & EQUIPMENT	1,200,791.	1,018,469.	182,322.
BUILDINGS	9,642,268.	3,166,787.	6,475,481.
LAND	1,423,911.	0.	1,423,911.
COMPUTER EQUIP.	242,091.	205,134.	36,957.
BUILDING IMPROVEMENTS	547,819.	502,746.	45,073.
LEASEHOLD IMPROVEMENTS	246,636.	135,814.	110,822.
CONSTRUCTION IN PROGRESS	978,294.	14,827.	963,467.
BUILDING UNDER CAPITAL LEASE	58,305.	0.	58,305.
CHRISTIAN HOSPITAL PROJECT	914,443.	0.	914,443.

BUILDING IMPROVEMENTS	493,720.	190,745.	302,975.
LAND	544,000.	0.	544,000.
BUILDING	229,500.	82,503.	146,997.
BUILDING	493,686.	89,872.	403,814.
EQUIPMENT	21,410.	0.	21,410.
BUILDING - CAMILLUS SOUTH DADE	4,299,944.	786,611.	3,513,333.
FURNITURE & EQUIPMENT - SOUTH DADE	83,467.	15,253.	68,214.
COMPUTER EQUIP.	31,077.	5,649.	25,428.
PLAYGROUND EQUIPMENT	41,000.	7,596.	33,404.
CAMILLUS WAREHOUSE BUILDING	11,461.	591.	10,870.
RELOCATION PROJECT	625,725.	0.	625,725.
FURNITURE & EQUIPMENT	165,394.	13,087.	152,307.
COMPUTER EQUIPMENT	134,181.	20,463.	113,718.
BUILDING IMPROVEMENTS	384,778.	26,510.	358,268.
COTTAGES WATER MAINTENANCE PROJECT	106,934.	11,762.	95,172.
BLACK FLORIDA PHOTO MONTAGE	7,200.	480.	6,720.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>23,268,017.</b>	<b>6,585,301.</b>	<b>16,682,716.</b>

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN PERPETUAL TRUST	230,642.
TRUSTS RECEIVABLES	1,304,355.
DUE FROM AFFILIATES	88,224.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>1,623,221.</b>

FORM 990	OTHER SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS IN SECURITIES	FMV	584,859.
<b>TO FORM 990, LINE 54B, COL B</b>		<b>584,859.</b>

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT REVENUE	185,195.
UNREALIZED GAIN ON INVESTMENTS SHOWN AS OTHER CHANGE IN NET ASSETS	13,158.
<b>TOTAL TO FORM 990, PART IV-A</b>	<b>198,353.</b>

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT REVENUE	185,195.
<b>TOTAL TO FORM 990, PART IV-B</b>	<b>185,195.</b>

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FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL R. AHR 8020 EAST DRIVE, #318 MIAMI BEACH, FL 33141	PRESIDENT & CEO 40.00	228,527.	12,167.	0.
GLORIA BARBIER 6832 MINDELLO ST CORAL GABLES, FL 33146	VICE PRESIDENT-INSTITUTIONAL ADVANC 40.00	123,532.	5,162.	0.
GEORGINA M. PARDO 6800 SW 67TH STREET SOUTH MIAMI, FL 33143	CFO 40.00	87,131.	8,050.	0.
PETER ENGLAND 7620 SW 171 STREET PALMETTO BAY, FLORIDA 33157	DIRECTOR GOVT RELATIONS 40.00	93,669.	8,620.	0.
PATRICIA CAWLEY 1135 103 ST. APT A-3 MIAMI BEACH, FLORIDA 33154	COP - CH 40.00	87,977.	7,882.	0.

CAMILLUS HOUSE, INC. & AFFILIATE

65-0032862

KAREN MAHAR 831 10TH STREET, NO.2 MIAMI BEACH, FLORIDA 33139	COP - HIS 40.00	72,108.	7,370.	0.
STEPHANIE GEIRING 7251 SW 34 STATE ROAD MIAMI, FLORIDA 33155	DIRECTOR, HOUSING PROGRAMS 40.00	27,427.	2,826.	0.
KATHERINE GARCIA 6070 ALTON ROAD MIAMI BEACH, FLORIDA 33140	DIRECTOR, ISPA 40.00	66,394.	7,110.	0.
SAM GIL 221 NW 132 COURT MIAMI, FLORIDA 33182	VICE PRESIDENT - MARKETING 40.00	84,863.	3,851.	0.
FRANK FERRARA 11 ISLAND AVE, APT. 412 MIAMI BEACH, FL 33139	DIRECTOR OF FOOD SERVICES 40.00	53,554.	6,526.	0.
FELIX Y. MANLUNAS 6328 NW 179 TERRACE MIAMI, FLORIDA 33015	DIRECTOR OF FINANCE 40.00	61,210.	6,775.	0.
BARBARA ROMERO 1360 WEST 34 STREET HIALEAH, FL 33012	DIRECTOR OF HUMAN RESOURCES 40.00	67,001.	7,006.	0.
FRED MIMS 1900 SAN SOUSCI BLVD, APT 213 MIAMI BEACH, FL 33181	DEPUTY DIRECTOR, ISPA 40.00	52,490.	5,996.	0.
KENNETH KING 2199 NW 185TH WAY PEMPBOKE PINES, FL 33029	DEPUTY DIRECTOR, HOUSING 40.00	48,654.	6,254.	0.
SEE ATTACHED BOARD OF DIRECTORS LIST		0.00	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,154,537.</u>	<u>95,595.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
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
103B	RENTAL MANAGEMENT FEE FROM RELATED COMPANY

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	143,454.	62,560.	29,116.	13,241.
ROOM & BOARD	0.	0.	425,012.	276,327.
TOTAL TO SCHEDULE A, LINE 22	143,454.	62,560.	454,128.	289,568.

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

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

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2006**

Attachment  
Sequence No 67

CAMILLUS HOUSE, INC. & AFFILIATE

FORM 990 PAGE 2

Identifying number  
65-0032862

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	671,332.

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		141,381.	5 YRS.	HY	200DB	20,943.
c 7-year property		165,394.	7 YRS.	HY	200DB	13,087.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary** (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	705,362.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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. You must file original and one copy.

Name of Exempt Organization: CAMILLUS HOUSE, INC. & AFFILIATE; Employer identification number: 65-0032862; Address: P.O. BOX 11829, 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.

The books are in the care of GEORGINA PARDO

Telephone No. (305) 374-1065

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) SMP1. 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, 2008.

For calendar year, or other tax year beginning JUL 1, 2006, and ending JUN 30, 2007.

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.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: tentative tax, less any nonrefundable credits. 8b: refundable credits and estimated tax payments made. 8c: Balance Due. Amount for 8c is 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: [Handwritten Signature] Title: CPA Date: [Blank]

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 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.

Name: GOLDSTEIN SCHECHTER KOCH; Address: 2121 PONCE DE LEON BLVD., #1100, CORAL GABLES, FL 33134