

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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

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

G Web site: CAMILLUS.ORG

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

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

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

I Group Exemption Number: _____

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: 16,916,722


Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	8,807,305	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	5,981,496	
	e	Total (add lines 1a through 1d) (cash \$ 13,751,508 noncash \$ 1,037,293)	1e		14,788,801
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	415,465
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	108,625
	5	Dividends and interest from securities		5	493
	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		
8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
			8a		
	Less cost or other basis and sales expenses		8b		
	Gain or (loss) (attach schedule)		8c		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	1,531,908	
	b	Less direct expenses other than fundraising expenses	9b	43,734	
	c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		1,488,174
10a	Gross sales of inventory, less returns and allowances		10a		
	Less cost of goods sold		10b		
	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	71,430	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		16,872,988
EXPENSES	13	Program services (from line 44, column (B))		13	9,858,463
	14	Management and general (from line 44, column (C))		14	1,780,166
	15	Fundraising (from line 44, column (D))		15	1,279,160
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses Add lines 16 and 44, column (A)		17	
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	3,955,199
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	25,161,436
	20	Other changes in net assets or fund balances (attach explanation)		20	-9,641,675
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	

Part III Statement of Functional Expenses

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

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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,371,551	402,738	695,934
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c 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) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	3,700,667	3,700,667	
27 Pension plan contributions not included on lines 25a, b and c	27	124,062	98,399	16,180
28 Employee benefits not included on lines 25a - 27	28	798,607	705,215	52,949
29 Payroll taxes	29	421,995	377,664	27,357
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	58,570	16,474	39,832
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule) 	42	432,763	359,590	65,620
43 Other expenses not covered above (itemize)	43a			
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	12,917,789	9,858,463	1,780,166

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See 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 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,732,012
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	3,473,878
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	3,652,573
d <hr/> <hr/> <hr/> <hr/> <hr/> (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	9,858,463

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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	1,239,912	45	861,062
	46 Savings and temporary cash investments	1,290	46	1,338
	47a Accounts receivable	47a 419,781		
	b Less allowance for doubtful accounts	47b	438,882	47c 419,781
	48a Pledges receivable	48a 10,231,802		
	b Less allowance for doubtful accounts	48b 1,334,214	7,153,625	48c 8,897,588
	49 Grants receivable		1,490,388	49 1,560,967
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		287,475	53 280,212
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		584,859	54b 1,011,690
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b	15,000	55c	
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment basis	57a 11,782,036			
b Less accumulated depreciation (attach schedule)	57b 2,931,549	16,681,761	57c 8,850,487	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		1,623,221	58 1,748,044	
59 Total assets (must equal line 74) Add lines 45 through 58		29,516,413	59 23,631,169	
Liabilities	60 Accounts payable and accrued expenses	1,537,174	60	1,635,205
	61 Grants payable		61	
	62 Deferred revenue	60,518	62	96,004
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)		2,757,285	64b 2,425,000
	65 Other liabilities (describe <input type="checkbox"/> _____)			65
66 Total liabilities Add lines 60 through 65		4,354,977	66 4,156,209	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	16,472,814	67	9,462,627
	68 Temporarily restricted	8,457,980	68	9,781,691
	69 Permanently restricted	230,642	69	230,642
	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 and column (B) must equal line 21)		25,161,436	73 19,474,960
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		29,516,413	74 23,631,169

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g 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?

90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 173

91a The books are in care of Alejandro Ramirez Telephone no (305) 374-1065
336 NW 5TH ST
Located at Miami, FL ZIP + 4 33128

91b 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
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 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, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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)

				Yes	No
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 and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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 and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	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.		
	*****	2009-05-15	
	Signature of officer	Date	
	alejandro ramirez cfo Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Vincent Carrodeguas	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	GOLDSTEIN SCHECHTER KOCH 2121 PONCE DE LEON BLVD SUITE 1100 CORAL GABLES, FL 33134			EIN
					Phone no (305) 442-2200

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

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.)

OMB No 1545-0047

2007

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
CAMILLUS HOUSE INC

Employer identification number

65-0032862

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
SPECTRUM 3 INC 336 NW 5TH ST miami, FL 33128	MIS CONSULTING SERVICES	73,737
GOLDSTEIN SCHECHTER KOCH 2121 PONCE DE LEON BLVD 11TH FLOOR coral gables, FL 33134	AUDIT AND TAX SERVICES	64,263
Total number of others receiving over \$50,000 for professional services		

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 individual or firms. If there are none, enter "None". See page 2 for 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		

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, include 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>29,856</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	Yes	
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 property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		No
e Transfer of any part of its income or assets?	2e		No
3a 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)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
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 tax 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 ▶ <u>0</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

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	(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	
Total					<input type="checkbox"/>

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	17,501,792	8,175,317	8,903,750	9,242,322	43,823,181
16 Membership fees received					0
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					0
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	131,202	104,093	106,757	4,694	346,746
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	77,418	143,454	62,560	454,128	737,560
23 Total of lines 15 through 22	17,710,412	8,422,864	9,073,067	9,701,144	44,907,487
24 Line 23 minus line 17	17,710,412	8,422,864	9,073,067	9,701,144	44,907,487
25 Enter 1% of line 23	177,104	84,229	90,731	97,011	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 898,150
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
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 44,907,487
d Add Amounts from column (e) for lines	18 346,746	19 0			
	22	26b 0			26d 1,084,306
e Public support (line 26c minus line 26d total)					26e 43,823,181
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9758 55 %
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: 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					27h _____

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

		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 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) 		
34a	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.)(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

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements		No	0
d Mailings to members, legislators, or the public		No	0
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		29,856
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
i Total lobbying expenditures (Add lines c through h.)			29,856

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

Additional Data

Software ID:
Software Version:
EIN: 65-0032862
Name: CAMILLUS HOUSE INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a REPAIRS & MAINTENANCE	43a	396,254	331,135	64,144	975
b GENERAL AND ADMINISTRATIVE	43b	615,561	71,640	191,907	352,014
c UTILITIES	43c	1,080,541	988,997	86,776	4,768
d PROGRAM COSTS	43d	1,316,885	1,179,500	113,539	23,846
e CONTRACTUAL & PROFESSIONAL SERVICES	43e	429,599	119,531	290,018	20,050
f INSURANCE	43f	290,639	255,045	24,290	11,304
g DEVELOPMENT COSTS	43g	76,809	106	14,192	62,511
h EQUIPMENTMAINT CONTRACTS	43h	90,008	64,121	22,424	3,463
i IN-KIND DONATIONS	43i	1,037,293	1,037,293		
j FLEET	43j	80,820	75,469	4,084	1,267
k MINISTRY STIPEND COSTS	43k	83,918	62,813	21,105	
l UNALLOWABLE COSTS	43l	29,856		29,856	
m MARKETING EXPENSES	43m	453,265	2,116	1,783	449,366
n LICENSES AND PERMITS	43n	28,126	9,950	18,176	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PAUL RAHR 8020 EAST DRIVE 318 miami beach, FL 33141	PRESIDENT & CEO 40 00	258,778	8,411	0
GLORIA BARBIER 6832 MINDELLO ST coral gables, FL 33146	VICE PRESIDENT- INSTITUTION 40 00	127,194	6,386	0
GEORGINA M PARDO 6800 SW 67TH STREET south miami, FL 33143	CFO 40 00	89,693	5,869	0
PETER ENGLAND 7620 SW 171 STREET palmetto bay, FL 33157	DIRECTOR GOVT RELATIONS 40 00	96,403	6,045	0
PATRICIA CAWLEY 1135 103 ST APT A-3 miami beach, FL 33154	COP - CH 40 00	94,679	6,004	0
KAREN MAHAR 831 10TH STREET NO2 miami beach, FL 33139	COP - HIS 40 00	74,233	5,280	0
BEATRIZ CUENCA-BARBERIO 6344 ALTON ROAD miami beach, FL 33141	Director housing programs 40 00	6,155	94	0
katherine garcia 6070 alton road miami beach, FL 33140	DIRECTOR ISPA 40 00	73,179	5,200	0
SAM GIL 221 NW 132 COURT miami, FL 33182	VICE PRESIDENT - MARKETING 40 00	90,730	3,432	0
FRANK FERRARA 11 ISLAND AVE APT 412 miami, FL 33181	DIRECTOR OF FOOD SERVICES 40 00	61,886	4,753	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
FELIX Y MANLUNAS 6328 NW 179 TERRACE miami, FL 33015	DIRECTOR OF FINANCE 40 00	68,168	4,972	0
BARBARA ROMERO 1360 WEST 34 STREET hialeah, FL 33012	DIRECTOR OF HUMAN RESOURCE 40 00	71,794	5,179	0
FRED MIMS 1900 SAN SOUSCI BLVD APT 213 miami, FL 33181	DEPUTY DIRECTOR ISPA 40 00	58,640	4,618	0
KENNETH KING 2199 NW 185TH WAY pembroke pines, FL 33029	DEPUTY DIRECTOR HOUSING 40 00	56,371	4,576	0
crystal connor-lane 121 alhambra plaza 10th floor coral gables, FL 33134	secretary 1 00	0	0	0
FRANCIS CERVONI 5079 N DIXIE HIGHWAY APT 320 oakland perk, FL 33334	DIRECTOR OF DESIGN & CONST 40 00	43,849	2,274	0
MARCY Belfi 19355 TURNBERRY WAY UNIT C aventura, FL 33180	CORPORATE SPECIAL EVENTS DIRECTOR 40 00	53,001	4,458	0
YVONNE RAMOS 7825 NE BAYSHORE COURT 505 miami, FL 33138	DEPUTY DIRECTOR HOUSING II 40 00	46,798	2,849	0
robert dickinson 29 tahiti beach island rd coral gables, FL 33143	chairman 1 00	0	0	0
Edward J Joyce 700 brickell ave 8th floor miami, FL 33131	vice-chairman 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
maria c alonso 1 alhambra plaza ph coral gables, FL 33134	director 1 00	0	0	0
tony cabrera 782 nw 42nd ave ste 555 MIAMI, FL 33126	director 1 00	0	0	0
ROGER CARLTON 111 NW 1 ST STE 220 MIAMI, FL 33128	DIRector 1 00	0	0	0
RAY CASAS 1000 BRICKELL AVE STE 400 MIAMI, FL 33131	DIRector 1 00	0	0	0
ROBERT F COTTER 1000 SOUTH PINE ISLAND RD PLANTATION, FL 33324	DIRector 1 00	0	0	0
REV ALBERTO CUTIE 1779 NW 28TH ST MIAMI, FL 33142	DIRector 1 00	0	0	0
PAUL DIMARE PO BOX 900460 HOMESTEAD, FL 33090	DIReCTOR 1 00	0	0	0
JOHN DUBOIS 18495 S DIXIE HWY PMB 107 MIAMI, FL 33157	DIRector 1 00	0	0	0
NELLY FARRA 4875 N KENDALL DR MIAMI, FL 33156	DIRector 1 00	0	0	0
SUE GALLAGHER 7301 SW 57TH CT STE 570 MIAMI, FL 33143	DIRector 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
REP RENE GARCIA 3814 WEST 12TH AVE HIALeah, FL 33012	DIREctor 1 00	0	0	0
THEODORE GELMAN TWO S BISCAYNE BLVD STE 1920 MIAMI, FL 33131	DIrector 1 00	0	0	0
JULIE G GRIMES 1717 N BAYSHORE DR APT 4134 MIAMI, FL 33132	DIrector 1 00	0	0	0
EUGENIO HERNANDEZ 2525 PONCE DE LEON PH 1225 CORAL gables, FL 33134	DIrector 1 00	0	0	0
ROD HILDEBRANT 1400 S GREENWAY DR CORal gables, FL 33134	DIrector 1 00	0	0	0
ROBERT HUDSON 1111 BRICKELL AVE STE 1700 MIAMI, FL 33131	DIrector 1 00	0	0	0
JORGE LOPEZ 131 MADEIRA AVE PH CORAL gables, FL 33134	DIrector 1 00	0	0	0
RAYFIELD MCGHEE 19 W FLAGLER ST STE 620 MIAMI, FL 33130	DIrector 1 00	0	0	0
MANNY MEDINA 2 S BISCAYNE BLVD STE 2900 MIAMI, FL 33131	DIrector 1 00	0	0	0
ALFREDO MESA 2151 LE JEUNE RD STE 305 CORAL gables, FL 33134	DIrector 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN T MESTEPEY 200 S BICAYNE BLVD STE 3500 MIAMI, FL 33131	DIrector 1 00	0	0	0
BR RAPHAEL MIESZALA 336 NW 5TH ST MIAMI, FL 33128	DIrector 1 00	0	0	0
ALBERT R MOLINA 16000 NW 59TH AVE MIAMI, FL 33014	DIrector 1 00	0	0	0
MARIO MURGADO 665 SW 8 ST MIAMI, FL 33130	DIrector 1 00	0	0	0
KIMBERLY PALMER 200 S BICAYNE BLVD STE 4500 MIAMI, FL 33131	DIrector 1 00	0	0	0
WILLIAM PARKER 422 costanera rd coral gables, FL 33143	DIrector 1 00	0	0	0
REP YOLLY ROBERSON 633 ne 167th st ste 600 n miami beach, FL 33162	DIrector 1 00	0	0	0
ROGER SOMAN 700 biltmore way ste 710 coral gables, FL 33134	chairman emeritus 1 00	0	0	0
WILLIAM D TALBERT III 701 brickell ave ste 2700 miami, FL 33131	DIrector 1 00	0	0	0
LEE WEINTRAUB 355 alhambra circle ste 801 coral gables, FL 33134	DIrector 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ronald kohn 3580 palmetto ave coconut grove, FL 33133	co-chairman of Ir planning commit 1 00	0	0	0
peter vandenber g jr 550 south dixie hwy coral gables, FL 33146	co-chairman of Ir planning commit 1 00	0	0	0

TY 2007 Depreciation and Depletion Schedule**Name:** CAMILLUS HOUSE INC**EIN:** 65-0032862

Asset	Amount
BUILDINGS	150,103
FURNITURE AND FIXTURES	78,602
COMPUTER EQUIPMENT	50,897
IMPROVEMENTS	120,805
PROJECT PLAYGROUND EQUIPMENT AND OTHER	1,385
AUTOS AND TRUCKS	30,971

TY 2007 Investments - Securities Schedule

Name: CAMILLUS HOUSE INC

EIN: 65-0032862

Description	Book Value	Cost/FMV
INVESTMENTS IN SECURITIES	1,011,690	F

TY 2007 Land etc. Schedule

Name: CAMILLUS HOUSE INC

EIN: 65-0032862

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDINGS	9,106,125	929,867	8,176,258
FURNITURE AND FIXTURES	1,331,748	1,112,065	219,683
COMPUTER EQUIPMENT	455,948	282,143	173,805
IMPROVEMENTS	380,534	276,641	103,893
PROJECT PLAYGROUND EQUIPMENT AND OTHER	167,699	9,461	158,238
AUTOS AND TRUCKS	339,982	321,372	18,610

TY 2007 Other Assets Schedule**Name:** CAMILLUS HOUSE INC**EIN:** 65-0032862

Description	Beginning of Year Amount	End of Year Amount
BENEFICIAL INTEREST IN PERPETUAL TRUST	230,642	230,642
TRUSTS RECEIVABLES	1,304,355	1,338,222
DUE FROM AFFILIATES	88,224	179,180

TY 2007 Other Changes in Net Assets Schedule**Name:** CAMILLUS HOUSE INC**EIN:** 65-0032862

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-45,476
IS DIRECTLY DUE TO THE SEPARATION OF THESE 2 ENTITIES	-9,596,199

TY 2007 Other Expenses Included Schedule

Name: CAMILLUS HOUSE INC

EIN: 65-0032862

Description	Amount
SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT REVENUE	43,734

TY 2007 Other Revenues Included Schedule**Name:** CAMILLUS HOUSE INC**EIN:** 65-0032862

Description	Amount
SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT REVENUE	43,734
UNREALIZED GAIN ON INVESTMENTS SHOWN AS OTHER CHANGE IN NET ASSETS	-45,476

TY 2007 Special Events Schedule

Name: CAMILLUS HOUSE INC

EIN: 65-0032862

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Special Events - GALA AND FUNDRAISING	1,531,908	0	1,531,908	43,734	1,488,174

TY 2007 Non Electing Public Charities Statement

Name: CAMILLUS HOUSE INC

EIN: 65-0032862

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

TY 2007 Other Income Schedule

Name: CAMILLUS HOUSE INC

EIN: 65-0032862

Description	2006	2005	2004	2003	Total
MISCELLANEOUS	40,668	143,454	62,560	29,116	275,798
ROOM & BOARD				425,012	425,012
other income	36,750				36,750