

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

Form header section containing B (Check if applicable), C (Name of organization: CAMILLUS HOUSE, INC. & AFFILIATES), D (Employer identification number: 65-0032862), E (Telephone number: (305) 374-1065), F (Name and address of principal officer: PAUL R. AHR), G (Gross receipts \$: 16,024,825.), H(a) (Is this a group return STMT 1), H(b) (Are all affiliates included?), H(c) (Group exemption number: 0928), I (Tax-exempt status: 501(c)(3)), J (Website: WWW.CAMILLUS.ORG), K (Form of organization: Corporation), L (Year of formation: 1987), M (State of legal domicile: FL)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission: PROVIDE FOOD, SHELTER & SVCS TO HOMELESS/INDIGENT; 2-7a. Governance and revenue data; 7b. Net unrelated business taxable income; 8-19. Revenue and expenses; 20-22. Net assets or fund balances.

Part II Signature Block

Signature block section with declaration text, signature of officer (ALEJANDRO RAMIREZ, VP OF FINANCE & CFO), and date (Jan. 22, 2013).

Preparer information section including Preparer's signature (GOLDSTEIN SCHECHTER KOCH), Date (1/11/13), Check if self-employed, Preparer's identifying number, EIN, and Phone number ((305) 442-2200).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

SCANNED FEB 22 2013

RECEIVED FEB 04 2013

9-18

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION TO PROVIDE HUMANITARIAN SERVICES TO MEN, WOMEN AND CHILDREN WHO ARE POOR AND HOMELESS. SUCH SERVICES INCLUDE FOOD, SHELTER, HOUSING, REHABILITATIVE TREATMENT, AND HEALTH CARE. EACH SERVICE IS CARRIED OUT WITH THE DEEPLY HELD BELIEF THAT EVERY HUMAN BEING DESERVES LOVE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,056,240. including grants of \$) (Revenue \$ 485,578.) HOUSING SERVICES: TO PROVIDE HOUSING, CASE MANAGEMENT, JOB DEVELOPMENT AND OTHER SERVICES RELATED TO AIDING A CLIENT TO ACHIEVE SELF-SUFFICIENCY.

4b (Code) (Expenses \$ 5,443,263. including grants of \$) (Revenue \$ 45,893.) HOSPITALITY SERVICES: TO PROVIDE BASIC SOCIAL SERVICES SUCH AS CLOTHING, FOOD, SHELTER, AND CASE MANAGEMENT TO CLIENTS WHO ARE CHRONICALLY HOMELESS.

4c (Code) (Expenses \$ 2,399,005. including grants of \$) (Revenue \$ 41,285.) 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.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 11,898,508.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **ALEJANDRO RAMIREZ - (305) 374-1065**
336 NW 5TH ST., MIAMI, FL 33128

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT DICKINSON CHAIRMAN	1.00	X					0.	0.	0.	
CRYSTAL CONNOR SECRETARY	1.00	X					0.	0.	0.	
ROGER CARLTON 1ST VICE-CHAIRMAN	1.00	X					0.	0.	0.	
KATE CALLAHAN 2ND VICE-CHAIRMAN	1.00	X					0.	0.	0.	
CHIP VANDENBERG TREASURER	1.00	X					0.	0.	0.	
REV. EDUARDO ALVAREZ, S.J. DIRECTOR	1.00	X					0.	0.	0.	
MARIA C. ALONSO DIRECTOR	1.00	X					0.	0.	0.	
JAMES ANGLETON DIRECTOR	1.00	X					0.	0.	0.	
TONY CABRERA DIRECTOR	1.00	X					0.	0.	0.	
CHARLIE CANOVA DIRECTOR	1.00	X					0.	0.	0.	
RAY CASAS DIRECTOR	1.00	X					0.	0.	0.	
JOHN W. CHIDSEY DIRECTOR	1.00	X					0.	0.	0.	
MARC S. CAVALIERE DIRECTOR	1.00	X					0.	0.	0.	
ALBERTO COSIO DIRECTOR	1.00	X					0.	0.	0.	
ROBERT F. COTTER DIRECTOR	1.00	X					0.	0.	0.	
PAUL DIMARE DIRECTOR	1.00	X					0.	0.	0.	
JOHN DUBOIS DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MIGUEL G. FARRA DIRECTOR	1.00	X					0.	0.	0.	
SUE GALLAGHER DIRECTOR	1.00	X					0.	0.	0.	
RENE GARCIA DIRECTOR	1.00	X					0.	0.	0.	
THEODORE (TED) GELMAN DIRECTOR	1.00	X					0.	0.	0.	
ALAN GREER DIRECTOR	1.00	X					0.	0.	0.	
JULIE G. GRIMES DIRECTOR	1.00	X					0.	0.	0.	
MARY HELEN HAYDEN, EDD DIRECTOR	1.00	X					0.	0.	0.	
EUGENIO "GENE" HERNANDEZ DIRECTOR	1.00	X					0.	0.	0.	
ROD A. HILDEBRANT DIRECTOR	1.00	X					0.	0.	0.	
EDITH HUDSON DIRECTOR	1.00	X					0.	0.	0.	
1b Total							362,622.	0.	13,191.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
COASTAL CONSTRUCTION COMPANY, 5959 BLUE LAGOON DR., SUITE 200, MIAMI, FL 33126	CONSTRUCTION	581,592.
WOLFBERG ALVAREZ & PARTNERS, 1500 SAN REMO AVE, SUITE 300, CORAL GABLES, FL 33146	ARCHITECTURE	398,096.
EDGEWATER CONSTRUCTION COMPANY, 10200 NW 25TH STREET, SUITE 204, DORAL, FL 33126	CONSTRUCTION	371,488.
CH CONSTRUCTION 8340 NW 168TH STREET, HIALEAH, FL 33016	CONSTRUCTION	198,788.
JOHN KUZWANSKI, 3628 ROYAL PALM AVENUE, COCONUT GROVE, FL 33131	INFORMATION TECHNOLOGY	101,053.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	765,959.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,486,388.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,987,854.				
	g	Noncash contributions included in lines 1a-1f \$		2,067,966.				
	h	Total. Add lines 1a-1f		▶ 14240201.				
Program Service Revenue	2 a	CLIENT CONTRIBUTIONS	Business Code 900099	533,552.	533,552.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		▶ 533,552.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		▶ 94,978.			▶ 94,978.	
	4	Income from investment of tax-exempt bond proceeds		▶				
	5	Royalties		▶				
	6 a	Gross Rents	(i) Real	18,030.				
		b	Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)		18,030.			
		d	Net rental income or (loss)		▶ 18,030.			▶ 18,030.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		b	Less: cost or other basis and sales expenses	(ii) Other				
		c	Gain or (loss)					
		d	Net gain or (loss)		▶			
	8 a	Gross income from fundraising events (not including \$ 765,959. of contributions reported on line 1c) See Part IV, line 18	a	972,164.				
		b	Less: direct expenses	b	324,648.			
		c	Net income or (loss) from fundraising events		▶ 647,516.			▶ 647,516.
	9 a	Gross income from gaming activities See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities		▶				
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory		▶				
Miscellaneous Revenue		Business Code						
11 a	PROCEEDS FROM INSURANC	900099		120,230.			120,230.	
	b	VENDING & LAUNDRY MACH	900099	18,875.	18,875.			
	c	CLINIC CONTRACT INCOME	900099	12,278.	12,278.			
	d	All other revenue	900099	14,517.	8,051.		6,466.	
	e	Total. Add lines 11a-11d		▶ 165,900.				
12	Total revenue. See instructions.		▶ 15700177.	572,756.		0.	887,220.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	378,925.	286,406.	92,519.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,487,420.	4,160,288.	147,037.	180,095.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38.			38.
9 Other employee benefits	694,770.	618,147.	54,568.	22,055.
10 Payroll taxes	438,279.	414,205.	6,520.	17,554.
11 Fees for services (non-employees):				
a Management				
b Legal	61,549.	1,921.	57,413.	2,215.
c Accounting	102,176.	5,707.	89,885.	6,584.
d Lobbying	38,078.		38,078.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	262,657.	51,367.	195,944.	15,346.
12 Advertising and promotion	325,591.	341.	5,440.	319,810.
13 Office expenses	278,006.	139,393.	112,274.	26,339.
14 Information technology	59,357.	45,094.	8,280.	5,983.
15 Royalties				
16 Occupancy	1,119,483.	1,056,896.	58,097.	4,490.
17 Travel	36,963.	22,956.	12,438.	1,569.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,684.	1,475.	3,275.	934.
20 Interest	87,040.	24,001.	63,039.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	751,789.	677,972.	65,572.	8,245.
23 Insurance	125,249.	115,926.	6,757.	2,566.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a IN-KIND DONATIONS	2,244,190.	2,111,676.	132,514.	
b PROGRAM COSTS	1,878,103.	1,718,907.	158,781.	415.
c BAD DEBT EXPENSE	375,470.		1,892.	373,578.
d REPAIRS & MAINTENANCE	337,947.	306,545.	26,141.	5,261.
e TRANSPORTATION	101,558.	97,795.	3,638.	125.
f All other expenses	165,455.	41,490.	43,123.	80,842.
25 Total functional expenses. Add lines 1 through 24f	14,355,777.	11,898,508.	1,383,225.	1,074,044.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,289,518.	1	3,636,298.
	2	Savings and temporary cash investments	1,347.	2	1,347.
	3	Pledges and grants receivable, net	9,128,268.	3	9,496,458.
	4	Accounts receivable, net	730,075.	4	47,633.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	333,194.	9	93,248.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 31,839,077.		
	b	Less: accumulated depreciation	10b 8,754,103.	10c	23,084,974.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	43,481.	12	45,170.
	13	Investments - program-related See Part IV, line 11		13	914,443.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,355,619.	15	1,811,379.
16	Total assets. Add lines 1 through 15 (must equal line 34)	32,927,878.	16	39,130,950.	
Liabilities	17	Accounts payable and accrued expenses	1,826,354.	17	2,531,525.
	18	Grants payable		18	
	19	Deferred revenue	66,298.	19	116,283.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,692,443.	23	6,691,148.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	156,211.	25	133,723.
	26	Total liabilities. Add lines 17 through 25	4,741,306.	26	9,472,679.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	19,497,711.	27	20,473,525.
	28	Temporarily restricted net assets	8,489,341.	28	8,987,803.
	29	Permanently restricted net assets	199,520.	29	196,943.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	28,186,572.	33	29,658,271.
	34	Total liabilities and net assets/fund balances	32,927,878.	34	39,130,950.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9590200.	18992180.	14788801.	13847777.	14240201.	71459159.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9590200.	18992180.	14788801.	13847777.	14240201.	71459159.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						71459159.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9590200.	18992180.	14788801.	13847777.	14240201.	71459159.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	104,093.	131,202.	109,118.	73,396.	113,008.	530,817.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	143,454.	77,418.	71,430.	40,656.	165,900.	498,858.
11 Total support. Add lines 7 through 10						72488834.
12 Gross receipts from related activities, etc (see instructions)					12	533,552.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.58	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.64	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

m4

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group
 B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		38,078.
j Total Add lines 1c through 1i			38,078.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer identification number

65-0032862

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,092,470.		2,092,470.
b Buildings		17,318,019.	6,517,442.	10,800,577.
c Leasehold improvements		542,556.	341,663.	200,893.
d Equipment		2,274,930.	1,894,998.	379,932.
e Other		9,611,102.		9,611,102.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				23,084,974.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	15,700,177.
2	Total expenses (Form 990, Part IX, column (A), line 25)	14,355,777.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	1,344,400.
4	Net unrealized gains (losses) on investments	-2,579.
5	Donated services and use of facilities	219,222.
6	Investment expenses	
7	Prior period adjustments	13.
8	Other (Describe in Part XIV)	440,867.
9	Total adjustments (net). Add lines 4 through 8	657,523.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	2,001,923.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	16,173,969.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a	Net unrealized gains on investments	2a -2,579.
b	Donated services and use of facilities	2b 219,222.
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 281,648.
e	Add lines 2a through 2d	2e 498,291.
3	Subtract line 2e from line 1	3 15,675,678.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b 24,499.
c	Add lines 4a and 4b	4c 24,499.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 15,700,177.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	14,172,059.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 353,206.
e	Add lines 2a through 2d	2e 353,206.
3	Subtract line 2e from line 1	3 13,818,853.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b 536,924.
c	Add lines 4a and 4b	4c 536,924.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 14,355,777.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET EXPENSE OF RELATED ENTITIES INCLUDED IN GROUP RETURN: 440867.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES NETTED WITH FUNDRAISING EVENT INCOME: 281648.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

NET INCOME FROM INCLUDED AFFILIATES: 24499.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES NETTED WITH FUNDRAISING EVENT INCOME: 281648.

TRANSFER TO AFFILIATES INCLUDED IN GROUP RETURN: 71558.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

NET EXPENSES OF AFFILIATES INCLUDED IN GROUP RETURN: 536924.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	HOPE FOR ALL BALL - DINN (event type)	HOPE FOR ALL BALL - AUCT (event type)	7 (total number)	
Revenue				
1 Gross receipts	570,000.	853,414.	314,709.	1,738,123.
2 Less: Charitable contributions	451,250.		314,709.	765,959.
3 Gross income (line 1 minus line 2)	118,750.	853,414.		972,164.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes		43,000.		43,000.
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	249,938.	12,000.	19,710.	281,648.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(324,648)
11 Net income summary. Combine line 3, column (d), and line 10				647,516.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer identification number

65-0032862

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer Identification number
65-0032862

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND J. KAYAL, SR. DIRECTOR	1.00	X						0.	0.	0.
RON KOHN, CCIM DIRECTOR	1.00	X						0.	0.	0.
JAQUELINE LARRALDE-SANCHEZ DIRECTOR	1.00	X						0.	0.	0.
STEVEN MARIN DIRECTOR	1.00	X						0.	0.	0.
RAYFIELD M. MCGHEE DIRECTOR	1.00	X						0.	0.	0.
BROTHER RICHARD MCPHEE DIRECTOR	1.00	X						0.	0.	0.
MANNY MEDINA DIRECTOR	1.00	X						0.	0.	0.
ALFREDO MESA DIRECTOR	1.00	X						0.	0.	0.
JOHN T. MESTEPEY DIRECTOR	1.00	X						0.	0.	0.
BR. RAPHAEL MIESZALA DIRECTOR	1.00	X						0.	0.	0.
ALBERTO R. MOLINA DIRECTOR	1.00	X						0.	0.	0.
WILLIAM H. PARKER DIRECTOR	1.00	X						0.	0.	0.
REP. YOLLY ROBERSON DIRECTOR	1.00	X						0.	0.	0.
FLEUR SACK, MD DIRECTOR	1.00	X						0.	0.	0.
REV. JEREMIAH A. SINGLETON DIRECTOR	1.00	X						0.	0.	0.
WILLIAM D. TALBERT III DIRECTOR	1.00	X						0.	0.	0.
LEE I. WEINTRAUB DIRECTOR	1.00	X						0.	0.	0.
MARC A. WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
MARIANO H. FERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
MICHAEL CARRICARTE DIRECTOR	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the Organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer Identification number
65-0032862

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL MIESZALA PRESIDENT - AFFILIATES	1.00	X						0.	0.	0.
ROGER SOMAN VICE PRESIDENT - AFFILIATES	1.00	X						0.	0.	0.
JUDY BRINKMANN SECRETARY - AFFILIATES	1.00	X						0.	0.	0.
WILLIAM OSMANSKI TREASURER - AFFILIATES	1.00	X						0.	0.	0.
CHARLES SEARSON VICE PRESIDENT - AFFILIATES	1.00	X						0.	0.	0.
RICHARD MACPHEE PRESIDENT - AFFILIATES	1.00	X						0.	0.	0.
MICHAEL BROWN DIRECTOR - AFFILIATES	1.00	X						0.	0.	0.
PAUL HARMUELLER DIRECTOR - AFFILIATES	1.00	X						0.	0.	0.
PAUL R. AHR PRESIDENT & CEO	40.00			X				259,165.	0.	6,584.
ALEJANDRO RAMIREZ VP OF FINANCE & CFO	40.00			X				103,457.	0.	6,607.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer identification number

65-0032862

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		502,172.	COMPARABLE SALES
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	222	1,522,794.	COMPARABLE SALES
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (ITEMS FOR AUC)	X	3	43,000.	COMPARABLE SALES
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer identification number

65-0032862

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPECT AND AN OPPORTUNITY TO LIVE A DIGNIFIED LIFE.

FORM 990, PART VI, SECTION A, LINE 6: THERE ARE 5 MEMBERS WHO HAVE

ULTIMATE AUTHORITY OVER THE ORGANIZATION. THESE MEMBERS MUST BELONG TO THE

LITTLE BROTHER OF THE GOOD SHEPHERD, A RELIGIOUS ORGANIZATION OF THE

CATHOLIC CHURCH.

FORM 990, PART VI, SECTION A, LINE 7A: THE 5 MEMBERS OF THE LITTLE BROTHER

OF THE GOOD SHEPHERD HAVE THE ULTIMATE AUTHORITY TO APPOINT THE GOVERNING

BODY.

FORM 990, PART VI, SECTION A, LINE 7B: ALL MAJOR DECISIONS ARE SUBJECT TO

THE APPROVAL BY THE 5 MEMBERS OF THE LITTLE BROTHER OF THE GOOD SHEPHERD.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE

PRESIDENT, CFO, FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE CONFLICT

OF INTEREST QUESTIONNAIRE IS ADMINISTERED TO MEMBERS OF THE BOARD AS WELL

AS EMPLOYEES TO DISCLOSE INTERESTS THAT MIGHT RESULT IN A CONFLICT OR THE

APPEARANCE OF A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING

COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES INCLUDES

COMPARABILITY DATA AND APPROVAL BY THE BOARD OF DIRECTORS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer identification number

65-0032862

**FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.**

FORM 990, PART XI, LINE 2C:

**THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION
PROCESS DURING THE TAX YEAR.**

FORM 990, ITEM B:

**THIS TAX RETURN IS AMENDED AS A PROTECTIVE FILING TO INCLUDE AS A GROUP
TAX RETURN RELATED TAX EXEMPT ORGANIZATIONS INCORRECTLY REPORTED ON THE
ORIGINAL RETURN ON SCHEDULE R AS TITLE HOLDING COMPANIES. ALL THE
INCLUDED ORGANIZATIONS, INCLUDING CAMILLUS HOUSE, INC. ARE LOCAL
501(C)(3) SUBORDINATE EXEMPT ORGANIZATIONS AFFILIATED WITH, AND
INCLUDED IN, THE GROUP EXEMPTION LETTER (NUMBER 0928) OF THE: UNITED
STATES CONFERENCE OF CATHOLIC BISHOPS (EIN: 53-0196617).**

**THESE AFFILIATED ORGANIZATIONS MEET ALL THE REQUIREMENTS OF TREAS. REG.
1.6033-2 AND IN PARTICULAR SECTION (G)(1)(I) AND SECTION (H)(1)
THEREOF, AS INTEGRATED AUXILIARIES OF A CHURCH, INCLUDING THE SECTION
(H)(4) INTERNAL SUPPORT REQUIREMENTS. THEY THEREFORE WOULD BE EXEMPT
FROM THE ANNUAL FILING REQUIREMENTS. HOWEVER DUE TO CONCERNS RAISED IN
2012, IN ORDER TO AVOID ANY POTENTIAL ISSUES, THIS PROTECTIVE AMENDED
RETURN IS FILED TO INCLUDE THESE ORGANIZATIONS.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

832211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer identification number

65-0032862

**AS A RESULT OF THE INCLUSION OF THESE AFFILIATES, THE FOLLOWING CHANGES
ARE SHOWN IN THIS RETURN:**

**FORM 990, PART I AND PART X - PRIOR YEAR AND BEGINNING OF YEAR AMOUNTS
HAVE BEEN CHANGED TO CORRESPOND TO AMOUNTS PER THE AMENDED 2008 FORM
990.**

**FORM 990, PART I, LINE 6 - ESTIMATED NUMBER OF VOLUNTEERS CHANGED FROM
643 TO 651;**

**FORM 990, PART I, LINE 11 - OTHER REVENUE CHANGED FROM \$806,950 TO
\$831,446 (SEE FORM 990, PART VIII FOR DETAILS);**

**FORM 990, PART I, LINE 17 - OTHER EXPENSES CHANGED FROM \$7,890,979 TO
\$8,356,345 (SEE FORM 990, PART IX FOR DETAILS);**

**FORM 990, PART I, LINE 20 - TOTAL ASSETS CHANGED FROM \$29,638,867 TO
\$39,130,950 RESULTING FROM INCLUSION OF AFFILIATED ORGANIZATION FIXED
ASSETS (SEE FORM 990, PART X FOR DETAILS);**

**FORM 990, PART I, LINE 21 - TOTAL LIABILITIES CHANGED FROM \$8,696,489
TO \$9,472,679 RESULTING FROM INCLUSION OF AFFILIATED ORGANIZATION
LIABILITIES (SEE FORM 990, PART X FOR DETAILS);**

FORM 990, PART III, LINE 4A - PROGRAM SERVICE EXPENSES CHANGED FROM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer identification number

65-0032862

\$3,554,501 TO \$4,056,240 DUE TO ADDITION OF AFFILIATED ORGANIZATION

EXPENSES;

FORM 990, PART VII - ADDED MEMBERS OF BOARD OF DIRECTORS OF AFFILIATED

ORGANIZATIONS;

FORM 990, PART VIII, LINE 6 - ADDED RENTAL INCOME OF AFFILIATED

ORGANIZATION;

FORM 990, PART IX, ADDED EXPENSES OF AFFILIATED ORGANIZATIONS;

FORM 990, PART X - ADDED ASSETS AND LIABILITIES OF AFFILIATED

ORGANIZATIONS;

**SCHEDULE A (FORM 990), PART II, SEC B, LINE 8, COL (E) - GROSS INCOME
FROM INTEREST, DIVIDENDS, RENTS, ETC. CHANGED FROM \$94,975 TO \$113,008;**

**SCHEDULE D (FORM 990), PART VI - ADDED LAND, BUILDINGS AND ACCUMULATED
DEPRECIATION OF AFFILIATED ORGANIZATIONS;**

**SCHEDULE D (FORM 990), PART IX - OTHER ASSETS LEFT BLANK ON THE AMENDED
TAX RETURN SINCE THRESHOLD IS ABOVE THE REPORTING REQUIREMENTS;**

**SCHEDULE D (FORM 990), PART X - OTHER LIABILITIES CHANGED FROM \$78,467
TO \$133,723;**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATES

Employer identification number

65-0032862

SCHEDULE R (FORM 990) - HAS BEEN REVISED TO REMOVE AFFILIATED

ORGANIZATIONS LISTED IN STATEMENT 1.

Multiple horizontal lines for text entry.

Name of the organization

CAMILLIUS HOUSE, INC. & AFFILIATES

Employer identification number
65-0032862

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SHEPHERD'S COURT INVESTOR, LLC, - 45-0901972 336 NW 5TH STREET MIAMI, FL 33128	INVESTMENT	FLORIDA	0.	0.	CAMILLIUS HOUSE, INC.
SHEPHERD'S COURT, LLC, - 20-8725209 336 NW 5TH STREET MIAMI, FL 33128	LOW INCOME HOUSING	FLORIDA	0.2, 851, 348.		SHEPHERD'S COURT INVESTOR, LLC.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LABRE PLACE, INC, - 26-2449416 P.O. BOX 11829 MIAMI, FL 33101	LAND HOLDING	FLORIDA	SECTION 170(B)(1)(A)	PUBLIC / RELIGIOUS	
CHARITY UNLIMITED LEASING, INC, - 26-2449968 P.O. BOX 11829 MIAMI, FL 33101	INACTIVE	FLORIDA	SECTION 170(B)(1)(A)	PUBLIC / RELIGIOUS	
CHARITY UNLIMITED FOUNDATION, INC, - 26-2449875, P.O. BOX 11829, MIAMI, FL 33101	INACTIVE	FLORIDA	SECTION 170(B)(1)(A)	PUBLIC / RELIGIOUS	
CHARITY UNLIMITED HOLDING, INC, - 26-2449905 P.O. BOX 11829 MIAMI, FL 33101	INACTIVE	FLORIDA	SECTION 170(B)(1)(A)	PUBLIC / RELIGIOUS	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Part V : Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	
e Loans or loan guarantees by other organization(s)	<input checked="" type="checkbox"/>	
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	CAMILLUS HEALTH CONCERN, INC.	B	136,536.
(2)	CAMILLUS HEALTH CONCERN, INC.	O	305,584.
(3)	CAMILLUS HEALTH CONCERN, INC.	P	252,638.
(4)			
(5)			
(6)			

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BROWNSVILLE HOUSING, INC, - 26-2449736 P.O. BOX 11829 MIAMI, FL 33101	INACTIVE	FLORIDA	SECTION 170(B)(1)(A)	PUBLIC / RELIGIOUS	
CAMILIUS HEALTH CONCERN, INC, - 65-0063921 P.O. BOX 11829 MIAMI, FL 33101	HEALTH CARE FOR POOR & HOMELESS	FLORIDA	SECTION 170(B)(1)(A)	PUBLIC / RELIGIOUS	

FORM 990

LINE H(B) - LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
CHARITY UNLIMITED OF FLORIDA, INC.	680 NE 52ND STREET - MIAMI, FL 33137	65-0627797
BROTHER KEILY PLACE, INC.	336 NW 5TH STREET - MIAMI, FL 33128	26-2449799
EMMAUS PLACE, INC.	336 NW 5TH STREET - MIAMI, FL 33128	26-2466746
GOOD SHEPHERD VILLAS, INC.	336 NW 5TH STREET - MIAMI, FL 33128	26-2466926
MATT TALBOT HOUSE, INC.	336 NW 5TH STREET - MIAMI, FL 33128	26-2466977
SOMERVILLE RESIDENCE, INC.	336 NW 5TH STREET - MIAMI, FL 33128	26-2466816