

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2001 calendar year, OR tax year beginning , and ending

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

C Name of organization: St Vincent and Sarah Fisher Center. Address: 27400 West Twelve Mile Road, Farmington Hills, Michigan 48334-4200

D Employer identification number: 38-1359589. E Telephone number: 248 626-7527. F Accounting method: Accrual

G Web site. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes. I Enter 4-digit GEN: 0928

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

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 9,191,595

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rental income; 7 Other investment income; 8a-8d Securities and other assets; 9a-9c Special events; 10a-10c Inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net Assets.

FILMED DEC 1 P 2002

RECEIVED NOV 14 2001

10 G14 0 17-27

Part II Statement of

Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	1,113,493	1,113,493		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	4,379,910	3,729,795	589,392	60,723
27	Pension plan contributions	232,513	193,955	35,856	2,702
28	Other employee benefits	571,432	497,713	65,606	8,113
29	Payroll taxes	324,186	281,149	38,467	4,570
30	Professional fundraising fees	0			
31	Accounting fees	45,760	4,860	40,900	0
32	Legal fees	2,712	1,000	1,712	
33	Supplies	341,568	303,410	34,814	3,344
34	Telephone	68,640	62,243	6,397	0
35	Postage and shipping	21,028	1,660	19,346	22
36	Occupancy	706,785	664,601	41,984	0
37	Equipment rental and maintenance	13,083	12,043	1,040	
38	Printing and publications	35,949	2,558	32,091	1,300
39	Travel	137,136	133,657	3,451	28
40	Conferences, conventions, and meetings	16,680	9,293	7,142	245
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	568,916	560,023	8,893	0
43	Other expenses not covered above (itemize) a _____	581,656	574,253	-2,972	10,375
b		0			
c		0			
d		0			
e		0			
f		0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	9,161,447	8,145,906	924,119	91,422

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 Specific Instructions on page 24.)

What is the organization's primary exempt purpose? Youth Care & Treatment Programs	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a INTENSIVE RESIDENTIAL CARE HELP TROUBLED CHILDREN RE-ADJUST TO FAMILY LIVING (Grants and allocations \$ _____)	4,821,871
b TREATMENT FOSTER CARE OBTAIN FOSTER HOMES FOR DIFFICULT TO PLACE CHILDREN (Grants and allocations \$ _____)	949,777
c MARILLAC OUTREACH CHILD ABUSE AND NEGLECT PREVENTION SERVICES PROVIDED TO PREGNANT AND PARENTING YOUNG ADULTS (Grants and allocations \$ _____)	587,179
d TRANSITIONS PRENATAL CARE PROGRAM AND CHILD CARE, COUNSELING, EDUCATION AND HEALTH SERVICES IN RESIDENTIAL SETTING (Grants and allocations \$ _____)	607,300
e Other program services (attach schedule) (Grants and allocations \$ _____)	1,179,779
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	8,145,906

Part IV Balance Sheets

(See Specific Instructions on page 24)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets					
45	Cash - non-interest-bearing		422,897	45	391,598
46	Savings and temporary cash investments			46	
47a	47a	1,066,058			
b	47b	65,023	945,871	47c	1,001,035
48a	48a	447			
b	48b	0	7,093	48c	447
49	Grants receivable			49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
51a	51a				
b	51b		0	51c	0
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges			53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
55a	55a				
b	55b		0	55c	0
56	Investments - other (attach schedule)		7,691,047	56	8,254,545
57a	57a	6,128,081			
b	57b	2,413,685	4,047,287	57c	3,714,396
58	Other assets (describe _____)		164,577	58	83,780
59	Total assets (add lines 45 through 58) (must equal line 74)		13,278,772	59	13,445,801
Liabilities					
60	Accounts payable and accrued expenses		1,386,448	60	1,418,594
61	Grants payable			61	
62	Deferred revenue		56,481	62	97,471
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)			64b	
65	Other liabilities (describe _____)		0	65	0
66	Total liabilities (add lines 60 through 65)		1,442,929	66	1,516,065
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		4,171,449	67	4,171,449
68	Temporarily restricted		3,461,425	68	3,238,000
69	Permanently restricted		4,202,969	69	4,520,287
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		11,835,843	73	11,929,736
74	Total liabilities and net assets/fund balances (add lines 66 and 73)		13,278,772	74	13,445,801

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions on page 27)		Yes or No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	Yes
b	If "Yes," enter the name of the organization <u>SEE ATTACHED STATEMENT</u>	
	and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt	
81a	Enter direct or indirect political expenditures See line 81 instructions	NONE
b	Did the organization file Form 1120-POL for this year?	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?	Yes
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	NONE
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A
c	Dues, assessments, and similar amounts from members	N/A
d	Section 162(e) lobbying and political expenditures	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A
b	Gross receipts, included on line 12, for public use of club facilities	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, complete Part IX	N/A
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>	
b	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? If Yes, attach a statement explaining each transaction	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	NONE
90a	List the states with which a copy of this return is filed <u>MICHIGAN</u>	
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	188
91	The books are in care of <u>PAMELA KANE</u> Telephone no <u>248-626-7527</u> Located at <u>27400 W 12 MI RD, FARMINGTON HILLS</u> ZIP + 4 <u>48334-4200</u>	
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	<input type="checkbox"/> NONE

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32.)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	FEES FOR CHARITABLE PROGRAM					517,145
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	97,836	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property			16	2,689	
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	140	
101	Net income or (loss) from special events			05	272,645	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a MISCELLANEOUS			03	7,181	
b						
c						
d						
e						
104	Subtotal (add cols (B), (D), and (E))		0		380,491	517,145
105	Total (add line 104, columns (B), (D), and (E))					897,636

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93B	FEES ARE RECEIVED FOR SERVICES PROVIDED THROUGH THE CHARITABLE PROGRAMS OFFERED BY THE ORGANIZATION TO THE GENERAL PUBLIC IN ACCORDANCE WITH THE ORGANIZATION'S EXEMPT PURPOSE THE CHARITABLE PROGRAMS OPERATED BY THE ORGANIZATION ARE LISTED IN PART III OF THIS RETURN

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please [Signature] Date 11/13/2002
Secretary

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization
St Vincent and Sarah Fisher Center

Employer identification number
38-1359589

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
Jean M Vickers 27400 W 12 Mile Road Farmington Hills, MI 48334-4200	Executive Director Full-time	98,333	13,556	NONE
Nancilee D Swain 27400 W 12 Mile Road Farmington Hills, MI 48334-4200	Assistant Executive Director Full-time	77,604	8,369	NONE
John Buehner 27400 W 12 Mile Road Farmington Hills, MI 48334-4200	Director of Support Services Full-time	62,603	12,753	NONE
Sandra D Rivers 27400 W 12 Mile Road Farmington Hills, MI 48334-4200	Director of Human Resources Full-time	55,548	3,405	NONE
Total number of other employees paid over \$50,000	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HBM Services 2870 Orion Road Oakland Township, MI 48363	Cleaning/Maintenance	334,102
M's Construction Group 23077 Greenfield Suite 159 Southfield, MI 48075	General Contractor	132,189
ARM Services 11009 Auburndale Livonia, MI 48150-2883	General Contractor	75,648
Total number of others receiving over \$50,000 for professional services	NONE	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>644</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	X	
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?	X	
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	8,034,123	7,665,899	5,614,610	6,425,799	27,740,431
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	793,117	599,792	2,023,520	1,873,136	5,289,565
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	183,284	515,725	686,535	498,583	1,884,127
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	15,511	10,479	9,224	10,930	46,144
23 Total of lines 15 through 22	9,026,035	8,791,895	8,333,889	8,808,448	34,960,267
24 Line 23 minus line 17	8,232,918	8,192,103	6,310,369	6,935,312	29,670,702
25 Enter 1% of line 23	90,260	87,919	83,339	88,084	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 0
d Add Amounts from column (e) for lines 18 0 19 0					26d 0
22 0 26b 0					26e 0
e Public support (line 26c minus line 26d total)					26f 0 00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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				
(2000) 0 (1999) 0 (1998) 0 (1997) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11 as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2000) 0 (1999) 0 (1998) 0 (1997) 0					
c Add Amounts from column (e) for lines 15 27,740,431 16 0					27c 33,029,996
17 5,289,565 20 0 21 0					27d 0
d Add Line 27a total 0 and line 27b total 0					27e 33,029,996
e Public support (line 27c total minus line 27d total)					27f 34,960,267
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27g 94 48%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 5 39%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

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)

NOT APPLICABLE

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
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)

NOT APPLICABLE

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	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
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	41	0
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

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

4 - Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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			X
b Paid staff or management (Include compensation in expenses reported on lines c through h)		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		644
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			644

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

St Vincent and Sarah Fisher Center

Employer identification number

38-1359589

Organization type (check one)

Filers of**Section**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious charitable, etc purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year)

\$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990 990-EZ, or 990-PF)

Name of organization St Vincent and Sarah Fisher Center	Employer identification number 38-1359589
--	--

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,279,482	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
2		\$ 4,905,732	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
3		\$ 263,166	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)

Name of organization St Vincent and Sarah Fisher Center	Employer identification number 38-1359589
--	--

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	NONE _____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____ _____	\$ _____	_____/_____/_____

Name of organization St Vincent and Sarah Fisher Center	Employer identification number 38-1359589
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year
(Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once-see instructions) \$ N/A

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

9901d

FORM 990, PART I, LINE 1d, CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Contributions, gifts, grants and similar in excess of \$5,000 00

Cash Contrib

\$1,279,482

6,100

5,000

17,772

21,000

12,000

10,000

30,500

5,000

5,000

9901d

FORM 990, PART I, LINE 1d, CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Contributions, gifts, grants and similar in excess of \$5,000.00

Cash Contrib

7,224

16,248

80,000

10,000

5,000

10,678

10,000

25,000

10,000

11,000

9901d

FORM 990, PART I, LINE 1d, CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Contributions, gifts, grants and similar in excess of \$5,000 00

Cash Contrib

22,584

9,400

5,000

10,000

29,700

5,000

15,000

41,625

100,000

65,000

9901d

FORM 990, PART I, LINE 1d, CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Contributions, gifts, grants and similar in excess of \$5,000 00

Cash Contrib

5,000

8,213

59,340

28,089

9,000

9,056

6,201

7,208

15,000

8,400

34,074

9901d

FORM 990, PART I, LINE 1d, CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Contributions, gifts, grants and similar in excess of \$5,000 00

Cash Contrib

413,969

4,905,732

78,501

66,002

72,606

67,484

51,845

130,058

263,166

8,119,257

(485,790)

7,633,467

1,081,753

8,715,220

Less Special Events Income

(357,517)

Total Line 1d

\$8,357,703

99018

FORM 990, PART I, LINE 8 - - SALE OF ASSETS

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Line 8a - Gross Amount from Sales - Other

Amount

Furniture & Equipment

 \$140

Line 8b - Cost or Other Basis - Other

Automobiles

Cost 2,315

Less Accum Depr (2,315)

= Basis 0

 \$0

Total Gain (Loss) - Other

 \$140

Total Gain (Loss) -Securities and Other, Line 8d

\$140

9909c

FORM 990, PART I, LINE 9c - - SPECIAL FUNDRAISING EVENTS

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Line 9a - Gross Revenue

Amount

Art Share	\$1,200
Garden Party	243,331
Jazz Festival	945
Judy's Party	163,119
Misc	205,390
Sub-Total	613,985
Less Amount Reported on Line 1	256,468
	<u>\$357,517</u>

Line 9b - Direct Expenses

ArtShare	\$2,594
Garden Party	52,907
Jazz Festival	0
Judy's Party	19,770
Miscellaneous	9,601
TOTAL	<u>\$84,872</u>

Line 9c - TOTAL NET INCOME

\$272,645

99023

FORM 990, PART II, LINE 23 --SPECIFIC ASSISTANCE TO INDIVIDUALS

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Line 23 - Specific Assistance to Individuals

Amount

Maintenance

Adoption	319
General Foster Care	463,522
H U D Home	1,224
Manillac Outreach	9,954
Residential Treatment	109,425
Respite Foster Care	20,960
Transitions	18,556
Treatment Foster Family Care	<u>489,533</u>

TOTAL SPECIFIC ASSISTANCE

\$1,113,493

99043

FORM 990, PART II, LINE 43 - - OTHER EXPENSES

ST VINCENT AND SARAH FISHER CENTER

38-1359589

Year Ended December 31, 2001

<u>Line 43 -- Other Expenses</u>	<u>Total</u>	<u>Program Service</u>	<u>Management and General</u>	<u>Fundraising</u>
Awards	1,094	603	491	0
Purchased Services	518,088	504,033	13,601	454
Subscriptions	2,049	845	931	273
Membership Fees	18,741	17,258	1,483	0
Advertising & Recruitment	53,474	51,305	1,764	405
Miscellaneous	94,210	209	(114)	94,115
Subtotal	<u>687,656</u>	<u>574,253</u>	<u>18,156</u>	<u>95,247</u>
Less Rent & Special Events	<u>(106,000)</u>	<u>0</u>	<u>(21,128)</u>	<u>(84,872)</u>
Totals	<u>\$581,656</u>	<u>574,253</u>	<u>(2,972)</u>	<u>10,375</u>

990e

FORM 990, PART III, LINE e -- OTHER PROGRAM SERVICE

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Adoption	110,531
Respite Foster Care	27,925
General Foster Care	909,261
H U D Group Home	<u>132,062</u>
TOTAL	<u>1,179,779</u>

99057

FORM 990, PART IV, LINE 57 - - PROPERTY, PLANT, AND EQUIPMENT
FORM 990, PART II, LINE 42 - DEPRECIATION

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

<u>Basis</u>	<u>Balance at January 1, 2001</u>	<u>2001 Additions</u>	<u>Disposals/ and Transfers</u>	<u>Balance at December 31, 2001</u>
Leasehold Improvements	\$5,559,652	\$153,171	\$0	\$5,712,823
Furniture and Equipment	323,187	24,110	(10,853)	336,444
Automotive Equipment	20,070	9,200	0	29,270
Construction in Progress	0	49,544	0	49,544
TOTAL	<u>\$5,902,909</u>	<u>\$236,025</u>	<u>(\$10,853)</u>	<u>\$6,128,081</u>

<u>Accumulated Depreciation</u>	<u>Balance at December 31, 2001</u>	<u>2001 Additions</u>	<u>Disposals/ and Transfers</u>	<u>Balance at December 31, 2001</u>
Buildings and Improvements	\$1,591,040	\$537,816	\$0	\$2,128,856
Furniture and Equipment	244,512	29,950	(10,853)	263,609
Automotive Equipment	20,070	1,150	0	21,220
TOTAL	<u>\$1,855,622</u>	<u>\$568,916</u>	<u>(\$10,853)</u>	<u>\$2,413,685</u>

FORM 990, PART IV, SCHEDULE OF DEFERRED REVENUE

St Vincent & Sarah Fisher Center

Year Ended December 31, 2001

Whitney Fund Grant	47,778
Healthy Start Grant	746
Ford Motor Company	40,000
McGregor Juvenile Justice Grant	<u>8,947</u>
Balance 12/31/01	<u>\$97,471</u>

990v

FORM 990, PART V, LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY
EMPLOYEES

St Vincent and Sarah Fisher Center

Year Ended December 31, 2001

38-1359589

NAME & ADDRESS	TITLE & TIME DEVOTED	COMP-ENSA-TION	CON-TRIBU-TIONS TO EMP BEN. PLANS	EX-PENSE ACC'TS OTHER ALLOWANCES
Sr Catherine Mary Norris St Vincent Residence 2145 North Racine Avenue Chicago IL 60614	President/Part	\$0	\$0	\$0
Mr Bernard Schwartz 24289 Lois Lane Southfield MI 48075	Trustee/Part	\$0	\$0	\$0
Sr Xavier Ballance, DC Our Lady Queen of Peace 27600 West 12 Mile Road Farmington Hills MI 48334	Trustee/Part	\$0	\$0	\$0
Mr Robert Asmussen Providence Hospital 16001 West Nine Mile Southfield MI 48075	Vice- President/Part	\$0	\$0	\$0
Mr Ralph Babb Comerica Bank PO Box 75000 Detroit MI 48275	Trustee/Part	\$0	\$0	\$0
Ms Cynthia Chabie 21597 Woodfarm Drive Northville MI 48167	Trustee/Part	\$0	\$0	\$0
Ms Judy Dunn 8051 Locklin Lane Commerce Twp , MI 48382	Trustee/Part	\$0	\$0	\$0
Mr W Mack Faison 150 West Jefferson Detroit MI 48226	Trustee/Part	\$0	\$0	\$0

Mr Thomas Grobbel Paine Webber 2301 West Big Beaver Suite 800 Troy MI 48084	Trustee/Part	\$0	\$0	\$0
Stephanie Brady 511 Fisher 16001 West Nine Mile Southfield MI 48075	Trustee/Part	\$0	\$0	\$0
Ms Kathleen Holycross Visiting Nurse Association 25900 Greenfield Suite 600 Oak Park MI 48237	Trustee/Part	\$0	\$0	\$0
Mr Robert Klein 1400 N Woodward Suite 165 Bloomfield Hills MI 48304	Trustee/Part	\$0	\$0	\$0
Mr John Ottaway 9 Alger Place Grosse Pointe City MI 48230	Trustee/Part	\$0	\$0	\$0
Ms Liz Ottaway 9 Alger Place Grosse Pointe City MI 48230	Trustee/Part	\$0	\$0	\$0
Ms Judy Rossman 3430 Circle Drive Commerce Twp , MI 48382	Trustee/Part	\$0	\$0	\$0
Sr Theresa Sullivan, DC Our Lady Queen of Peace 27600 West 12 Mile Farmington Hills MI 48334	Secretary/Part	\$0	\$0	\$0
M Vickers 27400 West 12 Mile Farmington Hills MI 48334	Trustee/Part	\$0	\$0	\$0
Sr Patricia Dunne, DC Mater Dei Provincialate 9400 New Harmony Road Evansville IN 47720Jean	Councillor/Part	\$0	\$0	\$0

99080B

FORM 990, PART VI, LINE 80b -- RELATED ORGANIZATIONS

ST VINCENT AND SARAH FISHER CENTER

38-1359589

Year Ended December 31, 2001

St Vincent & Sarah Fisher Center is related to the Daughters of Charity of St Vincent DePaul (a religious order of women), who also operate other organizations. Accordingly, the Center may be considered related to these other organizations. The organizations are tax exempt and are listed in the Official Catholic Directory. There are financial transactions between certain of these organizations in the normal course of business.

990A1

FORM 990, SCHEDULE A, PART III LINE 1 - LOBBYING ACTIVITIES AND
FORM 990, SCHEDULE A, PART VI-B, LINE (f)

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

St Vincent and Sarah Fisher Center belongs to

Michigan Federation of Private Agencies

A portion (\$644) of the fees paid to belong were used by the organization in lobbying for children's rights

990A2

FORM 990, SCHEDULE A, PART III LINE 2 - STATEMENTS ABOUT ACTIVITIES

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Line 2a St Vincent and Sarah Fisher Center leases property from parent corporation

Line 2c Parent company and affiliated company (Daughters of Charity National Health System) perform services on our behalf

Line 2d St Vincent and Sarah Fisher Center pays parent company and affiliated company for insurance, some benefits, and Sister's salaries

Line 2e Parent company and affiliated company transfers funds to St Vincent and Sarah Fisher through Fund Balance

990A4b

FORM 990, SCHEDULE A, PART III LINE 4b - STATEMENT

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

Substantially all of the participants in the charitable programs offered by the St Vincent and Sarah Fisher Center are referrals from the Michigan Department of Mental Health, wards of the court and state, and individuals receiving federal assistance. The eligibility of these participants is determined by the respective agency.

990A22

FORM 990, SCHEDULE A, PART IV-A LINE 22 - OTHER INCOME

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2001

38-1359589

<u>Description</u>	<u>Amount</u>
Candy and Pop Sales	6,906
Miscellaneous Sales (Non-Taxable)	275
Miscellaneous Sales (Taxable)	<u>0</u>
 TOTAL	 <u>7,181</u>

Line 56 (990) - Other Investments

		Beginning	End
1	Certain investments are administered by Ascension Health and are held in an	7,691,047	8,254,545
2	investment pool together with investments of similar Daughters of Charity organizations		
3	(non-health care organizations). The pooled assets are invested in money market instruments,		
4	commercial paper, domestic and international equity holdings, and bond funds		
5			
6			
7			
8			
9			
10			
11	Total other investments	7,691,047	8,254,545

Line 58 (990) - Other Assets

		Beginning	End
1	.....	164,577	83,780
2	.....	
3	.....	
4	.....	
5	.....	
6	.....	
7	.....	
8	.....	
9	.....	
10	.....	
11	Total other assets	164,577	83 780

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	ST VINCENT AND SARAH FISHER CENTER	38-1359589
	Number, street, and room or suite no. If a P O box, see instructions	
File by the due date for filing your return. See instructions	27400 WEST TWELVE MILE ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	FARMINGTON HILLS, MI 48334-4200	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2001 or
 ▶ tax year beginning _____, _____, and ending _____, _____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ N/A

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ N/A

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form.

Signature ▶  Title ▶ C. P. A Date ▶ 5-14-2002

For Paperwork Reduction Act Notice, see instruction

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

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

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

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

Name of Exempt Organization: ST VINCENT AND SARAH FISHER CENTER
Employer identification number: 38-1359589
Number street and room or suite no: 27400 WEST TWELVE MILE ROAD
City town or post office, state and ZIP code: FARMINGTON HILLS, MI 48334-4200

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

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

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

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

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

4 I request an additional 3-month extension of time until NOVEMBER 15, 2002
5 For calendar year 2001, or other tax year beginning and ending
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ N/A
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made \$ N/A
c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ NONE

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct, and complete and that I am authorized to prepare this form

Signature [Handwritten Signature] Title CPA Date 8-14-2002

Notice to Applicant - To Be Completed by the IRS

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

EXTENSION APPROVED

SEP 10 2002

LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Director By Date

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

Name: ERNST & YOUNG LLP ATTN TAX PROCESSING
Number and street (Include suite, room, or apt. no.) Or a P O box number: 500 WOODWARD AVENUE, SUITE 1700
City or town, province or state, and country (including postal or ZIP code): DETROIT, MI 48226