

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)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning, and ending

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

St. Vincent and Sarah Fisher Center

Number and street (or P O box if mail is not delivered to street address)

27400 West Twelve Mile Road

City or town

Farmington Hills

State or country

Michigan

Room/suite

ZIP + 4

48334-4200

D Employer identification number

38-1359589

E Telephone number

248-626-7527

F Accounting method: Cash Accrual

Other (specify)

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates

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

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

I Group Exemption Number 0928

G Website: http://www.svsfcenter.org

J Organization type (check only one) 501(c)(3) 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.

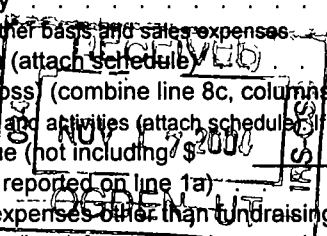
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 8,931,349

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes sections for Contributions, Program Service Revenue, Other Revenue, Expenses, and Net Assets.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	867,485	867,485		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	3,842,438	3,220,449	497,504	124,485
27	Pension plan contributions	127,803	105,110	17,576	5,117
28	Other employee benefits	350,702	301,872	47,411	1,419
29	Payroll taxes	415,540	368,148	37,858	9,534
30	Professional fundraising fees	0			
31	Accounting fees	41,131	4,421	36,710	0
32	Legal fees	153,320	149,494	3,826	0
33	Supplies	286,918	263,954	22,238	726
34	Telephone	49,239	44,039	5,200	
35	Postage and shipping	26,381	5,282	14,124	6,975
36	Occupancy	539,884	501,088	38,796	
37	Equipment rental and maintenance	9,212	6,729	2,483	
38	Printing and publications	42,731	10,646	21,061	11,024
39	Travel	85,628	82,466	3,146	16
40	Conferences, conventions, and meetings	10,940	9,421	1,259	260
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	578,510	573,378	5,132	
43	Other expenses not covered above (itemize): a	0			
	b See Attached Schedule	566,139	535,847	4,043	26,249
	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.	7,994,001	7,049,829	758,367	185,805

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 \$ 0; (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 page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> 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 \$)	4,655,864
b TREATMENT FOSTER CARE OBTAIN FOSTER HOMES FOR DIFFICULT TO PLACE CHILDREN. (Grants and allocations \$)	760,843
c MARILLAC OUTREACH CHILD ABUSE AND NEGLECT PREVENTION SERVICES PROVIDED TO PREGNANT AND PARENTING YOUNG ADULTS. (Grants and allocations \$)	558,337
d GENERAL FOSTER CARE RECRUITS, TRAINS AND LICENSES FOSTER FAMILIES TO CARE FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES. (Grants and allocations \$)	751,559
e Other program services (attach schedule) (Grants and allocations \$)	323,226
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,049,829

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	1,075,275	45	1,188,255	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	1,008,013			
	b Less: allowance for doubtful accounts	53,882	881,571	47c	954,131
	48 a Pledges receivable	0			
	b Less: allowance for doubtful accounts	0	175	48c	0
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a Other notes and loans receivable (attach schedule)	0			
	b Less: allowance for doubtful accounts	0	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 checked="" type="checkbox"/> FMV		7,390,998	54	8,448,536
	55 a Investments—land, buildings, and equipment: basis	0			
	b Less: accumulated depreciation (attach schedule)	0	0	55c	0
	56 Investments—other (attach schedule)		0	56	0
	57 a Land, buildings, and equipment: basis	6,280,213			
	b Less: accumulated depreciation (attach schedule)	3,544,473	3,212,460	57c	2,735,740
58 Other assets (describe ▶ Prepaid expenses and miscellaneous as)		98,063	58	107,512	
59 Total assets (add lines 45 through 58) (must equal line 74)		12,658,542	59	13,434,174	
Liabilities	60 Accounts payable and accrued expenses	1,175,489	60	1,168,196	
	61 Grants payable		61		
	62 Deferred revenue	16,913	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b Mortgages and other notes payable (attach schedule)		0	64b	0
	65 Other liabilities (describe ▶)		0	65	0
66 Total liabilities (add lines 60 through 65)		1,192,402	66	1,168,196	
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	4,229,449	67	4,785,330	
	68 Temporarily restricted	2,923,926	68	2,480,648	
	69 Permanently restricted	4,312,765	69	5,000,000	
	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)		11,466,140	73	12,265,978
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		12,658,542	74	13,434,174

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	8,920,849
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains or investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify): See attached		127,010
	Add amounts on lines (1) through (4)	b	127,010
c	Line a minus line b	c	8,793,839
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	8,793,839

a	Total expenses and losses per audited financial statements	a	8,121,011
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify): See Attached		127,010
	Add amounts on lines (1) through (4)	b	127,010
c	Line a minus line b	c	7,994,001
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,994,001

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name SEE ATTACHED SCHEDULE City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
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Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization SEE ATTACHED STATEMENT and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	806
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	0
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	85a	X
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.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
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?	85h	X
86 a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE		
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	89b	X
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
90 a	List the states with which a copy of this return is filed MICHIGAN MI		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	151
91	The books are in care of Name PAMELA KANE Telephone no 248-626-7527 Located at 27400 W 12 MI RD City Farmington Hills ST MI Zip + 4 48334-4200		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	NONE

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
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	1,357,232	
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	3,538	
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	-3,408	
101 Net income or (loss) from special events			05	185,933	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____			03	21,038	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		1,564,333	0
105 Total (add line 104, columns (B), (D), and (E))					1,564,333

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
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 page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please _____

 Date 11-11-04
 Secretary

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

2003

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Narcilee D. Swain Str 27400 W. 12 Mile Road City Farmington Hills ST MI Zip 48334-4200 Country	Title Chief Operating Officer Avg hr/wk Full-Time	88,352	3,662	NONE
Name John Buehner Str 27400 W. 12 Mile Road City Farmington Hills ST MI Zip 48334-4200 Country	Title Director of Support Avg hr/wk Full-Time	65,775	9,440	NONE
Name Beth Adams Str 27400 W. 12 Mile Road City Farmington Hills ST MI Zip 48334-4200 Country	Title Director of Agency Avg hr/wk Full-Time	58,842	3,842	NONE
Name Sharon Stewart Str 27400 W. 12 Mile Road City Farmington Hills ST MI Zip 48334-4200 Country	Title Director of Marillac Avg hr/wk Full-Time	51,353	3,494	NONE
Name Str City ST Zip Country	Title Avg hr/wk			
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
Name Gerald K Evelyn Str 2000 Penobscot Bldg 645 Griswold Street City Detroit ST MI ZIP 48226 Country Check here if a business <input type="checkbox"/>	Legal	70,655
Name Dr. Howard Weiner Str 30469 Rockshire City Farmington Hills ST MI ZIP 48334 Country Check here if a business <input type="checkbox"/>	Psychiatric Services	58,520
Name Bodrnan Longley and Dahling Str 34th Floor 100 Renaissance Center City Detroit ST MI ZIP 48243 Country Check here if a business <input checked="" type="checkbox"/>	Legal	50,901
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
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 \$ 806 (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

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

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

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

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

5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state City ST Country

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.)

11 a [] 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.)

11 b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 [X] 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.)

Table with 2 columns: (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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,729,941	8,364,349	8,034,123	7,665,899	31,794,312
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	645,751	819,498	793,117	599,792	2,858,158
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	-360,308	121,653	183,284	515,725	460,354
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	6,119	7,181	15,511	10,479	39,290
23 Total of lines 15 through 22	8,021,503	9,312,681	9,026,035	8,791,895	35,152,114
24 Line 23 minus line 17	7,375,752	8,493,183	8,232,918	8,192,103	32,293,956
25 Enter: 1% of line 23	80,215	93,127	90,260	87,919	
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 1999 through 2002 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)					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0.00%
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:					
(2002) 0 (2001) 0 (2000) 0 (1999) 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:					
(2002) 0 (2001) 0 (2000) 0 (1999) 0					
c Add: Amounts from column (e) for lines: 15 31,794,312 16 0					27c 34,652,470
17 2,858,158 20 0 21 0					27d 0
d Add: Line 27a total 0 and line 27b total 0					27e 34,652,470
e Public support (line 27c total minus line 27d total)					27e 34,652,470
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 35,152,114
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.58%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.31%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

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

(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)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		0	0
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	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) 2003	(b) 2002	(c) 2001	(d) 2000	(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		806
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.)			806

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, 51a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No
b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Line 1a (990) - Direct public support

1	Contributions	1	<u>1,855,683</u>
2	Non Cash Contributions	2	
3	Special events contributions (Line 9 - Special Events)	3	<u>137,867</u>
4	.....	4	
5	.....	5	
6	.....	6	
7	.....	7	
8	.....	8	
9	.....	9	
10	Total	10	<u>1,993,550</u>

Line 58 (990) - Other assets

		Beginning	End
1	Prepaid expenses and miscellaneous assets	98,063	107,512
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	98,063	107,512

9909c

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2003

38-1359589

Line 9a - Gross Revenue

Amount

Garden Party	\$247,989
Dreams	101,145
Pre-Party	54,477
Misc	<u>23,917</u>
Sub-Total	427,528
Less: Amount Reported on Line 1	<u>137,867</u>
	<u>\$289,661</u>

Line 9b - Direct Expenses

Garden Party	\$74,911
Dreams	1,976
Pre-Party	22,711
Miscellaneous	<u>4,130</u>
TOTAL	<u>\$103,728</u>

Line 9c - TOTAL NET INCOME

\$185,933

99023

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2003

38-1359589

Line 23 - Specific Assistance to Individuals

Amount

Maintenance:

Adoption	1,019
General Foster Care	378,526
Marillac Outreach	27,084
Residential Treatment	104,435
Respite Foster Care	806
Permanency Foster Care	81,502
Treatment Foster Family Care	<u>274,113</u>

TOTAL SPECIFIC ASSISTANCE

\$867,485

99043

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

ST. VINCENT AND SARAH FISHER CENTER

38-1359589

Year Ended December 31, 2003

<u>Line 43 -- Other Expenses</u>	Total	Program Service	Management and General	<u>Fundraising</u>
Awards	2,422	753	1,669	0
Purchased Services	506,043	458,216	21,577	26,250
Subscriptions	769	242	527	0
Membership Fees	17,086	16,664	422	0
Advertising & Recruitment	20,825	17,895	2,930	0
Abuse Insurance	41,540	41,540	0	0
Miscellaneous	<u>104,464</u>	<u>536</u>	<u>200</u>	<u>103,728</u>
Subtotal	<u>693,149</u>	<u>535,846</u>	<u>27,325</u>	<u>129,978</u>
Less Rent & Special Events	<u>-127,010</u>	<u>0</u>	<u>-23,282</u>	<u>-103,728</u>
Totals	<u>\$566,139</u>	<u>535,846</u>	<u>4,043</u>	<u>26,250</u>

990e

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2003

38-1359589

Adoption	125,738
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Respite Foster Care	806
---------------------	-----

Permanency Foster Care	<u>196,682</u>
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TOTAL	<u>323,226</u>
-------	----------------

99054

FORM 990, PART IV, LINE 54 - - INVESTMENTS

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2003

38-1359589

	Balance at <u>1/01/2003</u>	Balance at <u>12/31/2003</u>
Investments - Unrestricted Fund	\$2,646,086	\$2,752,856
Investments - Donor Restricted Fund	432,147	495,026
Investments - Endowment Fund	<u>4,312,765</u>	<u>5,200,654</u>
	<u><u>\$7,390,998</u></u>	<u><u>\$8,448,536</u></u>

Certain Investments are administered by the Ascension Health and are held in an investment pool together with investments of similar Daughters of Charity organizations (non-health care organizations.) The pooled assets are invested in money market instruments, commercial paper, domestic and international equity holdings, and bond funds.

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, 2003

38-1359589

<u>Basis</u>	<u>Balance at January 1, 2003</u>	<u>2003 Additions</u>	<u>Disposals/ and Transfers</u>	<u>Balance at December 31, 2003</u>
Leasehold Improvements	\$5,734,236	\$126,840	\$0	\$5,861,076
Furniture and Equipment	377,691	6,176	0	383,867
Automotive Equipment	47,270	0	-12,000	35,270
Construction in Progress	20,727	0	-20,727	0
TOTAL	<u>\$6,179,924</u>	<u>\$133,016</u>	<u>-\$32,727</u>	<u>\$6,280,213</u>

<u>Accumulated Depreciation</u>	<u>Balance at January 1, 2003</u>	<u>2003 Additions</u>	<u>Disposals/ and Transfers</u>	<u>Balance at December 31, 2003</u>
Leasehold Improvements	\$2,664,387	\$540,400	\$0	\$3,204,787
Furniture and Equipment	277,307	34,309	0	311,616
Automotive Equipment	25,770	3,800	-1,500	28,070
TOTAL	<u>\$2,967,464</u>	<u>\$578,509</u>	<u>-\$1,500</u>	<u>\$3,544,473</u>

990ivA&B

FORM 990, PART IV-A & PART IV-B, LINE 4 (Other)

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2003

38-1359589

Part IV-A & Part IV-B

Amount

Rental expenses reported on Part 1, line 6b and
Special Event expenses reported on Part 1, line 9b.

127,010

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

St. Vincent and Sarah Fisher Center

Year Ended December 31, 2003

38-1359589

NAME & ADDRESS	TITLE & TIME DEVOTED	COMP-ENSA-TION	CON-TRIBU-TIONS TO EMP. BEN. PLANS	EX-PENSE ACC'TS OTHER ALLOWANCES
Sr. Xavier Ballance, DC St. John Health 27400 W. 12 Mile Road Farmington Hills, MI 48334	President/Part	\$0	\$0	\$0
Mr. Bernard Schwartz 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Mr. William Dircks Lear Corp. 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Mr. Robert Asmussen St. John Health 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Mr. Douglas Fiedler Comerica Bank 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Ms. Cynthia Chabie 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Ms. Judy Dunn 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Mr. W. Mack Faison 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0

Ms. Kathleen Ligocki 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Stephanie Brady 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Ms. Kathleen Holycross Visiting Nurse Association 27400 W. 12 Mile Road Farmington Hills, MI 48334	Vice President/Part	\$0	\$0	\$0
Sr. Catherine Marie Lowe 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Kimberly Mulqueen 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Mr. Michael O'Malley 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0
Sr. Theresa Sullivan, DC House of Providence 27400 W. 12 Mile Road Farmington Hills, MI 48334	Secretary/Part	\$0	\$0	\$0
Ms. Paula Hebert 27400 West 12 Mile Farmington Hills, MI 48334	Trustee/Part	\$0	\$0	\$0

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

ST. VINCENT AND SARAH FISHER CENTER

38-1359589

Year Ended December 31, 2003

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.

990V1195

FORM 990, PART VII, LINE 95 - STATEMENT

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2003

38-1359589

The \$1,357,232 includes interest, dividends and gains and losses on securities. Further breakdown is unavailable as the investments are held by Ascension Health in a pooled investment fund.

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, 2003

38-1359589

St. Vincent and Sarah Fisher Center belongs to:

Michigan Federation for Children and Families

A portion (\$806) 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, 2003

38-1359589

- Line 2a: St. Vincent and Sarah Fisher Center leases property from another corporation sponsored by the Daughters of Charity of St. Vincent dePaul.
- Line 2c: Certain corporations sponsored by the Daughters of Charity of St. Vincent dePaul and an affiliated company (Ascension Health) performed services on our behalf.
- Line 2d: St. Vincent and Sarah Fisher Center pays certain corporations sponsored by the Daughters of Charity of St. Vincent dePaul and Ascension Health for insurance, some benefits, and Sisters' salaries.
- Line 2e: Certain corporations sponsored by the Daughters of Charity of St. Vincent dePaul from time to time transfer 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, 2003

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, 2003

38-1359589

<u>Description</u>	<u>Amount</u>
Candy and Pop Sales	5,528
Miscellaneous Sales (Non-Taxable)	591
Miscellaneous Sales (Taxable)	<u>0</u>
 TOTAL FOR 2002	 <u>6,119</u>

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.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes ST. VINCENT AND SARAH FISHER CENTER, 27400 WEST TWELVE MILE ROAD, DETROIT, MI 48226.

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

Form 990, Form 990-EZ, Form 990-T, 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).

I request an additional 3-month extension of time until NOVEMBER 15, 2004. For calendar year 2003, or other tax year beginning and ending. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

State in detail why you need the extension. ADDITIONAL TIME IS NEEDED IN ORDER TO COLLECT ALL THE 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. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due. Subtract line 8b from line 8a.

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: C.P.A. Date: 8-4-04

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...
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

By: Director 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

Table with 2 columns: Type or print, Name, Number and street, City or town, province or state, and country. Includes ERNST & YOUNG LLP, 500 WOODWARD AVE, STE 1700, DETROIT, MI 48226-3426.

SEP 7 2004

Form **8868**
(December 2000)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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. 27400 WEST TWELVE MILE ROAD	
File by the due date for filing your return. See instructions	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 16**, **2004**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2003** 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 \$ _____

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 \$ _____

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 \$ _____

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 ▶ **5-13-04**

For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)