

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2004

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

A For the 2004 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; D Employer identification number: 38-1359589; E Telephone number: 248-626-7527; F Accounting method: Accrual

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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: 0928

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

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 6,949,996

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-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 6,807,399; Total expenses: 7,126,097; Net assets at end of year: 11,947,280.

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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)	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	653,072	653,072	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	160,644	160,644	
26	Other salaries and wages	26	3,535,868	3,115,957	92,215
27	Pension plan contributions	27	125,600	100,144	4,512
28	Other employee benefits	28	348,816	299,673	2,736
29	Payroll taxes	29	402,421	361,374	7,546
30	Professional fundraising fees	30	0		
31	Accounting fees	31	43,796	4,416	500
32	Legal fees	32	10,889	3,977	
33	Supplies	33	242,396	225,279	231
34	Telephone	34	36,214	31,598	
35	Postage and shipping	35	18,268	5,545	5,469
36	Occupancy	36	343,037	331,978	
37	Equipment rental and maintenance	37	10,574	7,349	
38	Printing and publications	38	19,515	150	9,410
39	Travel	39	72,708	70,610	521
40	Conferences, conventions, and meetings	40	2,708	2,082	218
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule)	42	580,781	575,598	
43	Other expenses not covered above (itemize): a	43a	0		
	b See Attached Schedule	43b	518,790	498,042	14,362
	c	43c	0		
	d	43d	0		
	e	43e	0		
	f	43f	0		
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	44	7,126,097	6,286,844	137,720

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? ▶ 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 \$)	4,488,946
b TREATMENT FOSTER CARE OBTAIN FOSTER HOMES FOR DIFFICULT TO PLACE CHILDREN. (Grants and allocations \$)	365,653
c MARILLAC OUTREACH CHILD ABUSE AND NEGLECT PREVENTION SERVICES PROVIDED TO PREGNANT AND PARENTING YOUNG ADULTS. (Grants and allocations \$)	495,970
d GENERAL FOSTER CARE RECRUITS, TRAINS AND LICENSES FOSTER FAMILIES TO CARE FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES. (Grants and allocations \$)	384,893
e Other program services (attach schedule) (Grants and allocations \$)	551,382
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	6,286,844

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		1,188,255	45	1,164,722
	46 Savings and temporary cash investments			46	
	47 a Accounts receivable	683,494			
	b Less: allowance for doubtful accounts	53,882	954,131	47c	629,612
	48 a Pledges receivable	0			
	b Less: allowance for doubtful accounts	0	0	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		8,496,076	54	8,690,925
	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	6,336,812				
b Less: accumulated depreciation (attach schedule)	4,123,148	2,735,740	57c	2,213,664	
58 Other assets (describe ▶ Prepaid expenses and miscellaneous as)		59,972	58	251,460	
59 Total assets (add lines 45 through 58) (must equal line 74)		13,434,174	59	12,950,383	
Liabilities	60 Accounts payable and accrued expenses		1,168,196	60	1,003,103
	61 Grants payable			61	
	62 Deferred revenue		0	62	
	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)		1,168,196	66	1,003,103	
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		4,785,330	67	4,852,468
	68 Temporarily restricted		2,480,648	68	2,094,812
	69 Permanently restricted		5,000,000	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)		12,265,978	73	11,947,280	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		13,434,174	74	12,950,383	

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	7,225,996
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$	276,000	
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): See Attached \$	142,597	
	Add amounts on lines (1) through (4) ▶	b	418,597
c	Line a minus line b ▶	c	6,807,399
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	6,807,399

a	Total expenses and losses per audited financial statements . . . ▶	a	7,544,694
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$	276,000	
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify): See Attached \$	142,597	
	Add amounts on lines (1) through (4) ▶	b	418,597
c	Line a minus line b ▶	c	7,126,097
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	7,126,097

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 Nanci Swain Str 27400 W. 12 Mile Road City Farmington Hills ST MI ZIP 48334	Title President & CEO Hr/WK 37.5	94,343	8,117	0
Name Pamela Kane Str 27400 W. 12 Mile Road City Farmington Hills ST MI ZIP 48334	Title Director of Finance Hr/WK 37.5	66,301	12,630	0
Name Str City ST ZIP	Title Hr/WK			
Name See attached City listing of ST ZIP	Title Hr/WK	0	0	0
Name Board Members City ST ZIP	Title Hr/WK	0	0	0
Name All Board City Members are ST ZIP	Title Hr/WK	0	0	0
Name uncompensated City except ST ZIP	Title Hr/WK	0	0	0
Name Nanci Swain Str City ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str 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.)

Table with columns for question number, question text, and Yes/No columns. Includes rows 76-92 with various questions about organizational activities, expenditures, and tax status.

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	628,401	
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	3,749	
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	335	
101 Net income or (loss) from special events			05	77,398	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____			03	9,917	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		719,800	0
105 Total (add line 104, columns (B), (D), and (E))					719,800

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).
N/A	

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 1/23/05
 Secretary

(Check if...)

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

2004

Supplementary Information—(See separate instructions.)

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

Employer identification number

St. Vincent and Sarah Fisher Center

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
Name Kathy Breen Str 27400 W. 12 Mile Road City Farmington Hills ST MI Zip 48334 Country	Residential Program Title Manager Avg hr/wk 37.5	50,847	2,434	NONE
Name John Buehner Str 27400 W. 12 Mile Road City Farmington Hills ST MI Zip 48334 Country	Director - Title Support Services Avg hr/wk 37.5	64,443	9,281	NONE
Name Sharon Stewart Str 27400 W. 12 Mile Road City Farmington Hills ST MI Zip 48334 Country	Director - Family Title Support Services Avg hr/wk 37.5	52,903	5,299	NONE
Name Vicki Thompson-Sandy Str 27400 W. 12 Mile Road City Farmington Hills ST MI Zip 48334 Country	Director - Children's Title Services Avg hr/wk 37.5	52,969	3,344	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 Dr. Howard Weiner Str 30469 Rockshire City Farmington Hills ST MI ZIP 48334 Country Check here if a business <input checked="" type="checkbox"/>	Psychiatric Services	55,770
Name Str City ST ZIP Country Check here if a business		
Name Str City ST ZIP Country Check here if a business		
Name Str City ST ZIP Country Check here if a business		
Name Str City ST ZIP Country Check here if a business		
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>660</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 a 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).		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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** 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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,229,681	7,729,941	8,364,349	8,034,123	31,358,094
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	217,101	645,751	819,498	793,117	2,475,467
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	1,384,052	-360,308	121,653	183,284	1,328,681
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	21,038	6,119	7,181	15,511	49,849
23 Total of lines 15 through 22	8,851,872	8,021,503	9,312,681	9,026,035	35,212,091
24 Line 23 minus line 17	8,634,771	7,375,752	8,493,183	8,232,918	32,736,624
25 Enter 1% of line 23	88,519	80,215	93,127	90,260	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					0
d Add: Amounts from column (e) for lines: 18 0 19 0 22 0 26b 0					0
e Public support (line 26c minus line 26d total)					0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					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: (2003) 0 (2002) 0 (2001) 0 (2000) 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: (2003) 0 (2002) 0 (2001) 0 (2000) 0					
c Add: Amounts from column (e) for lines: 15 31,358,094 16 0 17 2,475,467 20 0 21 0					33,833,561
d Add Line 27a total 0 and line 27b total 0					0
e Public support (line 27c total minus line 27d total)					33,833,561
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)			27f 35,212,091		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					96.09%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					3.77%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
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)	0	0
39	Other exempt purpose expenditures	39	
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—		
	The lobbying nontaxable amount is—		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		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		660
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.)			660

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

9909c

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2004

38-1359589

Line 9a - Gross Revenue

Amount

Garden Party	\$237,705
Dreams	3,776
Pre-Party	56,868
Philanthropy Awards Dinner	22,025
Misc	<u>25,170</u>
Sub-Total	345,544
Less: Amount Reported on Line 1	<u>149,737</u>
	<u>\$195,807</u>

Line 9b - Direct Expenses

Garden Party	\$69,695
Dreams	0
Pre-Party	20,682
Philanthropy Awards Dinner	21,209
Misc	<u>6,823</u>
TOTAL	<u>\$118,409</u>

Line 9c - TOTAL NET INCOME

\$77,398

99023

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2004

38-1359589

<u>Line 23 - Specific Assistance to Individuals</u>	<u>Amount</u>
Maintenance:	
Adoption	-132
General Foster Care	181,061
Marillac Outreach	33,421
Residential Treatment	112,459
Respite Foster Care	0
Permanency Foster Care	170,423
Treatment Foster Family Care	<u>155,840</u>
TOTAL SPECIFIC ASSISTANCE	<u><u>\$653,072</u></u>

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

ST. VINCENT AND SARAH FISHER CENTER

38-1359589

Year Ended December 31, 2004

<u>Line 43 -- Other Expenses</u>	Total	Program Service	Management and General	<u>Fundraising</u>
Awards	1,127	414	713	0
Purchased Services	493,517	456,125	23,030	14,362
Subscriptions	566	54	512	0
Membership Fees	3,535	3,015	520	0
Advertising & Recruitment	20,843	17,717	3,126	0
General Insurance	22,993	20,316	2,677	0
Miscellaneous	<u>118,806</u>	<u>401</u>	<u>-4</u>	<u>118,409</u>
Subtotal	<u>661,387</u>	<u>498,042</u>	<u>30,574</u>	<u>132,771</u>
Less Rent & Special Events	<u>-142,597</u>	<u>0</u>	<u>-24,188</u>	<u>-118,409</u>
Totals	<u>\$518,790</u>	<u>498,042</u>	<u>6,386</u>	<u>14,362</u>

990e

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2004

38-1359589

Adoption	114,081
Respite Foster Care	0
Permanency Foster Care	<u>437,301</u>
TOTAL	<u>551,382</u>

99054

FORM 990, PART IV, LINE 54 - - INVESTMENTS

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2004

38-1359589

	<u>Balance at</u> <u>1/01/2004</u>	<u>Balance at</u> <u>12/31/2004</u>
Investments - Unrestricted Fund	\$2,800,396	\$2,985,094
Investments - Donor Restricted Fund	495,026	420,652
Investments - Endowment Fund	5,200,654	5,285,179
	<u>\$8,496,076</u>	<u>\$8,690,925</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, 2004

38-1359589

Basis	Balance at January 1, 2004	2004 Additions	Disposals/ and Transfers	Balance at December 31, 2004
Leasehold Improvements	\$5,861,076	\$18,682	\$0	\$5,879,758
Furniture and Equipment	383,867	5,716	-2,106	387,477
Automotive Equipment	35,270	20,985	0	56,255
Construction in Progress	0	13,323	0	13,323
TOTAL	\$6,280,213	\$58,706	-\$2,106	\$6,336,813

Accumulated Depreciation	Balance at January 1, 2004	2004 Additions	Disposals/ and Transfers	Balance at December 31, 2004
Leasehold Improvements	\$3,204,787	\$546,131	\$0	\$3,750,918
Furniture and Equipment	311,616	28,227	-2,106	337,737
Automotive Equipment	28,070	6,423	0	34,493
TOTAL	\$3,544,473	\$580,781	-\$2,106	\$4,123,148

Line 58 (990) - Other assets

		Beginning	End
1 Prepaid expenses and miscellaneous assets	1	59,972	251,460
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other assets	11	59,972	251,460

990ivA&B

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2004

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.

142,597

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

St. Vincent and Sarah Fisher Center

Year Ended December 31, 2004

38-1359589

NAME & ADDRESS BOARD MEMBERS	TITLE & TIME DEVOTED
Sr. Xavier Ballance, DC 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Mr. Bernard Schwartz 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Mr. William Dircks 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Mr. Robert Asmussen 27400 W. 12 Mile Road Farmington Hills, MI 48334	Board Chairperson - 2 Hours/Wk on Average
Mr. Douglas Fiedler 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Ms. Cynthia Chabie 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Ms. Judy Dunn 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Mr. W. Mack Faison 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Ms. Kathleen Ligocki 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Ms. Stephanie Brady 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Ms. Kathleen Holycross 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Sr. Catherine Marie Lowe, DC 27400 W. 12 Mile Road Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average

Ms. Kimberly Mulqueen 27400 W. 12 Mile Road Farmington Hills, MI 48334	Vice Chairperson – 1 Hour/Wk on Average
Mr. Michael O'Malley 27400 W. 12 Mile Rd. Farmington Hills, MI 48334	Trustee -1 Hour/Wk on Average
Sr. Theresa Sullivan, DC 27400 W. 12 Mile Road Farmington Hills, MI 48334	Secretary – 1 Hour/Wk on Average
Ms. Nanci Swain 27400 W. 12 Mile Road Farmington Hills, MI 48334	President & CEO 37.5 Hours

99080B

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

ST. VINCENT AND SARAH FISHER CENTER

38-1359589

Year Ended December 31, 2004

As of December 31, 2004 there was no such relationship. The Daughters of Charity of St. Vincent dePaul of Indiana, Inc. sponsored St. Vincent and Sarah Fisher Center through December 5, 2004. On December 6, 2004 there was a transfer of membership, and the Center began to operate as an independent stand-alone agency. The agency continues to be listed in the Official Catholic Directory, with an annual reporting requirement to the Archdiocese of Detroit to confirm adherence by St. Vincent and Sarah Fisher Center to the tradition, missions and values of the Roman Catholic Church.

990V1195

FORM 990, PART VII, LINE 95 - STATEMENT

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2004

38-1359589

The \$628,401 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, 2004

38-1359589

St. Vincent and Sarah Fisher Center belongs to:

Michigan Federation for Children and Families

A portion (\$660) 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, 2004

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 contribute funds to St. Vincent and Sarah Fisher Center.

990A22

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2004

38-1359589

<u>Description</u>	<u>Amount</u>			
	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
Candy and Pop Sales	8,966	5,528	6,906	5,331
Purchase Discounts	768			
Miscellaneous Sales (Non-Taxable)	6,191	591	275	10,180
Miscellaneous Sales (Taxable)	5,113			
TOTAL	<u>21,038</u>	<u>6,119</u>	<u>7,181</u>	<u>15,511</u>

Line 1a (990) - Direct public support

1	Contributions	1	1,064,681
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	149,737
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	1,214,418

Application for Extension of Time To File an Exempt Organization Return

▶ 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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization ST. VINCENT AND SARAH FISHER CENTER	Employer Identification number 38-1359589
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 27400 WEST 12 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 |

• The books are in the care of ▶ PAMELA KANE, 27400 W 12 MILE FARMINGTON HILLS MI 48334

Telephone No. ▶ (248) 626-7527 FAX No. ▶ (248) 626-0865

- 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-months for a **Form 990-T corporation**) extension of time until 08/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2004 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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

SINCE 1900
 500 Woodward
 Detroit, MI 48226-5485

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

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.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization ST. VINCENT AND SARAH FISHER CENTER	Employer identification number 38-1359589
	Number, street, and room or suite no. If a P.O. box, see instructions. 27400 WEST 12 MILE ROAD	For IRS use only
	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(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

• The books are in the care of **PAMELA KANE, 27400 W 12 MILE FARMINGTON HILLS MI 48334**

Telephone No. **(248) 626-7527** FAX No. **(248) 626-0865**

• 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 is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**

5 For calendar year **2004**, 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 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. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

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 \$ _____

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 **8-10-05**

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 you the requested extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other _____

EXTENSION APPROVED
AUG 29 2005

Director _____ By: _____ **FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN**

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.

Type or print	Name ERNST & YOUNG LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 500 WOODWARD AVE, STE 1700
	City or town, province or state, and country (including postal or ZIP code) DETROIT, MI 48226-5495