

# Return of Organization Exempt From Income Tax

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

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

**A For the 2005 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) Room/suite

16800 Trinity

City or town

Detroit

State or country

Michigan

ZIP + 4

48219

**D Employer identification number**

38-1359589

**E Telephone number**

313-535-9200

**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:** ▶

**J Organization type** (check only one) ▶  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 chooses to file a return, be sure to file a complete return Some states require a complete return

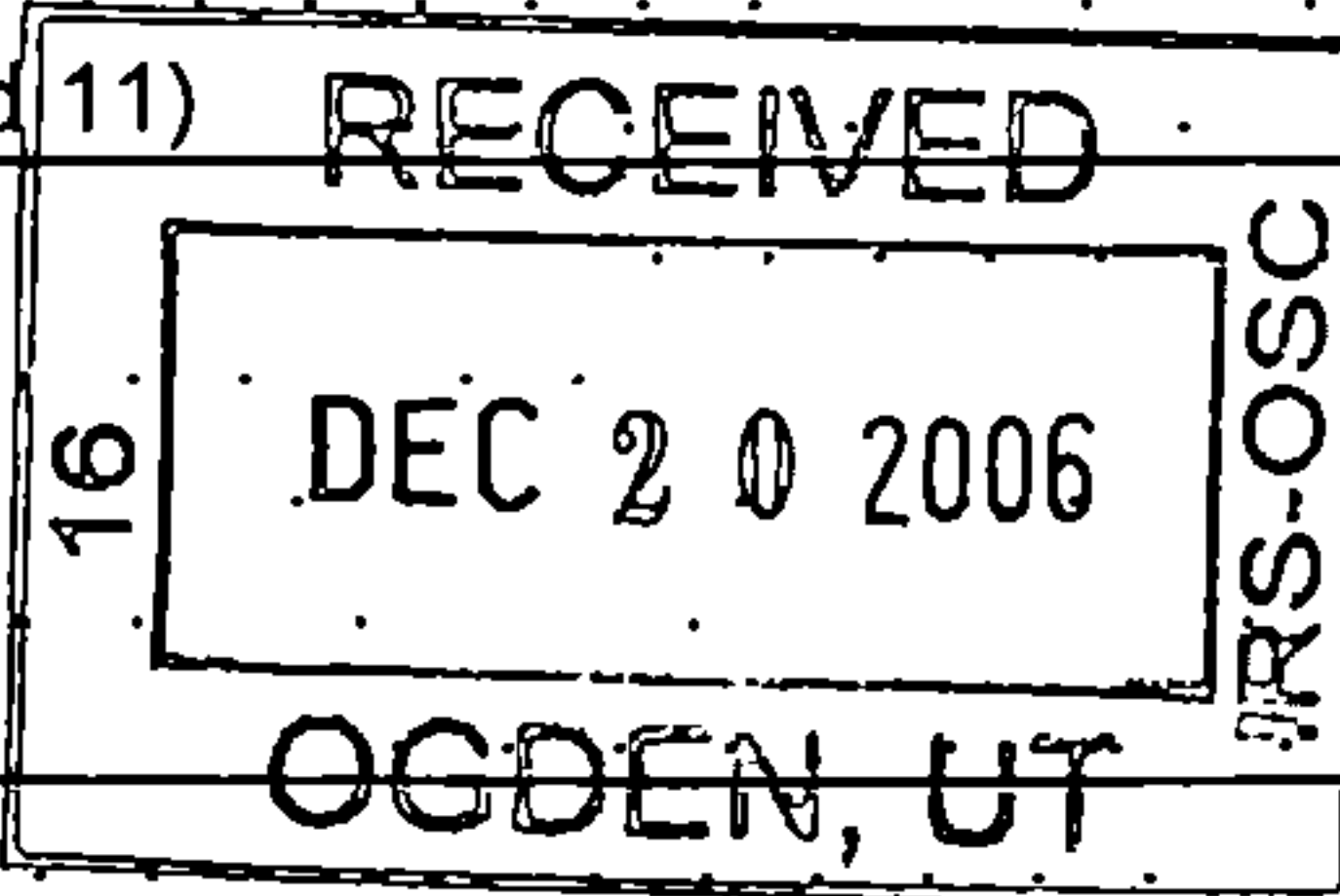
**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,366,306

**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 the instructions)**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	415,711		
	b	Indirect public support	1b	117,157		
	c	Government contributions (grants)	1c	3,317,015		
	d	Total (add lines 1a through 1c) (cash \$ 3,793,424 noncash \$ 56,459)	1d		3,849,883	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		0	
	3	Membership dues and assessments	3		0	
	4	Interest on savings and temporary cash investments	4		358,453	
	5	Dividends and interest from securities	5		0	
	6a	Gross rents	6a	14,927		
	b	Less rental expenses	6b	12,849		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		2,078	
7	Other investment income (describe )	7		0		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		0	8a	1,142		
		0	8b	1,896		
		0	8c	-754		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		-754		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ 120,109 of contributions reported on line 1a)	9a	131,204			
b	Less direct expenses other than fundraising expenses	9b	96,651			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		34,553		
10a	Gross sales of inventory, less returns and allowances	10a	0			
		b	Less cost of goods sold	10b	0	
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
11	Other revenue (from Part VII, line 103)	11		10,697		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		4,254,910		
Expenses	13	Program services (from line 44, column (B))	13		7,485,726	
	14	Management and general (from line 44, column (C))	14		1,018,553	
	15	Fundraising (from line 44, column (D))	15		82,768	
	16	Payments to affiliates (attach schedule)	16		0	
	17	Total expenses (add lines 13 and 14, column (A))	17		8,587,047	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-4,332,137	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		11,947,280	
	20	Other changes in net assets or fund balances (attach explanation)	20		88,357	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		7,703,500	

SCANNED JAN 11 2007



Handwritten initials and numbers: 21, 22, 23

**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 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) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	450,944	450,944		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	221,970		221,970	
26	Other salaries and wages	3,131,754	2,704,529	395,698	31,527
27	Pension plan contributions	83,485	79,997	2,565	923
28	Other employee benefits	239,208	198,180	41,436	-408
29	Payroll taxes	969,978	773,168	192,942	3,868
30	Professional fundraising fees	0			
31	Accounting fees	43,606	3,706	39,900	0
32	Legal fees	9,768	2,985	3,927	2,856
33	Supplies	144,724	128,225	16,372	127
34	Telephone	28,893	26,243	2,650	0
35	Postage and shipping	15,055	5,558	6,205	3,292
36	Occupancy	374,389	348,000	26,389	0
37	Equipment rental and maintenance	11,068	8,681	2,387	0
38	Printing and publications	12,202	725	6,500	4,977
39	Travel	60,852	60,553	285	14
40	Conferences, conventions, and meetings	9,587	3,855	4,823	909
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	0	2,222,996	5,091	0
43	Other expenses not covered above (itemize)				
a	See Attached Schedule	551,477	467,381	49,413	34,683
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,358,960	7,485,726	1,018,553	82,768

**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 \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions )

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

What is the organization's primary exempt purpose? ► <u>Youth Care &amp; Treatment Programs</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
<b>a INTENSIVE RESIDENTIAL CARE</b> <u>HELP TROUBLED CHILDREN RE-ADJUST TO FAMILY LIVING</u> ..... ..... ..... ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>5,914,908</b>
<b>b TREATMENT FOSTER CARE</b> <u>OBTAIN FOSTER HOMES FOR DIFFICULT TO PLACE CHILDREN</u> ..... ..... ..... ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>198,275</b>
<b>c MARILLAC OUTREACH</b> <u>CHILD ABUSE AND NEGLECT PREVENTION SERVICES PROVIDED TO PREGNANT AND PARENTING YOUNG ADULTS</u> ..... ..... ..... ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>459,756</b>
<b>d GENERAL FOSTER CARE</b> <u>RECRUITS, TRAINS AND LICENSES FOSTER FAMILIES TO CARE FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES</u> ..... ..... ..... ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>639,115</b>
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>273,672</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ►	<b>7,485,726</b>

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	1,164,722	45	747,182
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	270,072		
	47 a 47b Less: allowance for doubtful accounts	53,882	629,612	47c 216,190
	48 a Pledges receivable	0		
	48 a 48b 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		
	51 a 51b 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		8,690,925	54 7,803,408
	55 a Investments—land, buildings, and equipment basis	0		
	55 a 55b Less: accumulated depreciation (attach schedule)	0	0	55c 0
56 Investments—other (attach schedule)		0	56 0	
57 a Land, buildings, and equipment basis	6,412,646			
57 a 57b Less: accumulated depreciation (attach schedule)	6,323,675	2,213,664	57c 88,971	
58 Other assets (describe <input type="checkbox"/> Prepaid expenses and miscellaneous asset )		251,460	58 203,790	
59 Total assets (must equal line 74) Add lines 45 through 58		12,950,383	59 9,059,541	
Liabilities	60 Accounts payable and accrued expenses	1,003,103	60	1,356,041
	61 Grants payable		61	
	62 Deferred revenue		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
	64 a 64b Mortgages and other notes payable (attach schedule)		0	64b 0
	65 Other liabilities (describe <input type="checkbox"/> )		0	65 0
66 Total liabilities. Add lines 60 through 65		1,003,103	66 1,356,041	
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	4,852,468	67	2,832,448
	68 Temporarily restricted	2,094,812	68	294,052
	69 Permanently restricted	5,000,000	69	4,577,000
	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)		11,947,280	73 7,703,500	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		12,950,383	74 9,059,541	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	4,728,767
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	88,357	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	276,000	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) _____ <b>See Attached</b>	<b>b4</b>	109,500	
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 473,857
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 4,254,910
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 0
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>			<b>e</b> 4,254,910

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	8,972,547
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>	276,000	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify): _____ <b>See Attached</b>	<b>b4</b>	109,500	
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 385,500
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 8,587,047
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 0
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>			<b>e</b> 8,587,047

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See 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 plans	(E) Expense account and other allowances
Name _____ Str _____ City See Attached ST ZIP	Title _____ Hr/WK See Attached	195,762	26,208	
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			
Name _____ Str _____ City ST ZIP	Title _____ Hr/WK			

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>▶ ALL - 11</b>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
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Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				

**Part VI Other Information (See the instructions)**

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b> 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	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b> 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? . . . . .	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization <b>▶</b> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures (See line 81 instructions) . . . . . <b>81a</b> 414		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X

Part VI Other Information (continued)

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 276,000
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
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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
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 N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(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
87 501(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 MI
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b 144
91 a The books are in care of Name RENEE POUGET Telephone no 313-535-9200
Located at 16800 Trinity City Detroit ST MI ZIP + 4 48219
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

12/14/2006 08:20 3135357804

ST VIN SARAH FISHER

Form 990 (2005)

St. Vincent and Sarah Fisher Center

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded income		Total
	(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	358,443	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	2,078	
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	-784	
101 Net income or (loss) from special events			05	34,553	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:			03	10,697	
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		405,027	0
105 Total (add line 104, columns (B), (D), and (E))					405,027

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 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 purpose (other than by providing funds for such purposes).

N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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 4780 (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 Sign Here:  Signature of officer Date: 12/13/06

Smiler Theresa Sullivan Secretary

Paid Preparer's Use Only: Preparer's signature:  Date: 12-7-06 Check if self-employed:  Preparer's EIN or PTIN (See Gen. Inst. W): 375-76-0778 Firm's name (or yours if self-employed), address, and ZIP + 4: Ernst & Young LLP, 600 Woodward Avenue, Detroit, MI 48226 EIN: 34-8565598 Phone no.: 313-828-7100

**Part VII Analysis of Income-Producing Activities** (See 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	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	358,453	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			16	2,078	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	-754	
<b>101</b> Net income or (loss) from special events			05	34,553	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____			03	10,697	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		405,027	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))				405,027	405,027

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 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 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 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 Sign Here**

Signature of officer: Sister Theresa Sullivan Date: \_\_\_\_\_

Type or print name and title: Secretary

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 12-7-06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Ernst & Young LLP  
500 Woodward Avenue, Detroit, MI 48226

Preparer's SSN or PTIN (See Gen Inst W): 375-76-0778  
 EIN: 34-6565596  
 Phone no: 313-628-7100

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

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**St Vincent and Sarah Fisher Center**

Employer identification number  
**38-1359589**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Attached List				
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A 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
NONE		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other 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>414</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
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total		
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	6,087,599	7,229,681	7,729,941	8,364,349	29,411,570		
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	679,980	238,139	651,870	826,679	2,396,668		
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	656,338	1,384,052	-360,308	121,653	1,801,735		
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	0	0	0	0	0		
23 Total of lines 15 through 22	7,423,917	8,851,872	8,021,503	9,312,681	33,609,973		
24 Line 23 minus line 17	6,743,937	8,613,733	7,369,633	8,486,002	31,213,305		
25 Enter 1% of line 23	74,239	88,519	80,215	93,127			
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 2001 through 2004 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						
(2004)	0	(2003)	0	(2002)	0	(2001)	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 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year							
(2004)	0	(2003)	0	(2002)	0	(2001)	0
c Add Amounts from column (e) for lines	15	29,411,570	16	0	27c	31,808,238	
	17	2,396,668	20	0	27d	0	
			21	0	27e	31,808,238	
d Add Line 27a total	0	and line 27b total	0		27f	33,609,973	
e Public support (line 27c total minus line 27d total)					27g	94.64%	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27h	5 36%	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))							
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))							
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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—		
	<b>If the amount on line 40 is—</b>		
	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		
	<b>The lobbying nontaxable amount is—</b>		
	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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
X		414
	X	
	X	
		414

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



9901d

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

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

Cash Contrib

\$10,060

5,000

5,877

40,000

6,499

10,500

10,000

20,000

7,000

9901d

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

ST VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

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

Cash Contrib.

5,000

7,549

10,000

42,072

11,325

31,850

12,833

8,735

10,000

FORM 990, PART I, LINE 1d

9901d

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

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

Cash Contrib.

933,718

2,032,110

45,778

66,526

164,385

3,496,817

0

3,496,817

484,270

Total Contributions

3,981,087

Less: Special Events Income

-131,204

**Total Line 1d**

\$3,849,883

990A2

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

Line 2a: St. Vincent and Sarah Fisher Center leases property from another corporation sponsored by the \_\_\_\_\_

Line 2c: Certain corporations sponsored by the \_\_\_\_\_ 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 \_\_\_\_\_ for insurance, some benefits, and Sisters' salaries.

Line 2e: Certain corporations sponsored by the \_\_\_\_\_ from time to time contribute funds to St. Vincent and Sarah Fisher Center.

Form 990, Part I, Line 8

St. Vincent & Sarah Fisher Center  
(GAIN)/LOSS ON SALES OF ASSETS - 2005

<u>Item</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>	<u>Sold For</u>	<u>Gain/(Loss) on Sale</u>
Copier	1,460 04	1,314 04	146 00	0 00	(146 00)
1986 Dodge van	15,070 00	15,070 00	0 00	141 51	141 51
1999 Plymouth Voyager	6,000 00	4,250 00	1,750 00	1,000 00	(750 00)
					(754 49)

9909c

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

Line 9a - Gross Revenue

Amount

Garden Party	\$199,512
Pre-Party	44,300
Philanthropy Awards Dinner	1,564
Misc	<u>5,937</u>
Sub-Total	251,313
Less: Amount Reported on Line 1	<u>120,109</u>
	<u>\$131,204</u>

Line 9b - Direct Expenses

Garden Party	\$69,663
Pre-Party	22,980
Philanthropy Awards Dinner	0
Misc	<u>4,008</u>
TOTAL	<u><u>\$96,651</u></u>

Line 9c - TOTAL NET INCOME

\$34,553

99023

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

Line 23 - Specific Assistance to Individuals

Amount

Maintenance:

Adoption	148
General Foster Care	235,784
Marillac Outreach	35,610
Residential Treatment	77,000
Respite Foster Care	341
Permanency Foster Care	53,877
Treatment Foster Family Care	<u>48,184</u>

TOTAL SPECIFIC ASSISTANCE

\$450,944

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, 2005

38-1359589

Basis	Balance at January 1, 2005	2005 Additions	Disposals/ and Transfers	Balance at December 31, 2005
Leasehold Improvements	\$5,879,758	\$61,684	\$0	\$5,941,442
Furniture and Equipment	387,477	13,323	-8,385	392,415
Automotive Equipment	56,255	43,605	-21,070	78,790
Construction in Progress	13,323	0	-13,323	0
<b>TOTAL</b>	<b>\$6,336,813</b>	<b>\$118,612</b>	<b>-\$42,778</b>	<b>\$6,412,647</b>

Accumulated Depreciation	Balance at January 1, 2005	2005 Additions	Disposals/ and Transfers	Balance at December 31, 2005
Leasehold Improvements	\$3,750,918	\$2,190,525	\$0	\$5,941,443
Furniture and Equipment	337,737	25,215	-8,239	354,713
Automotive Equipment	34,493	12,347	-19,320	27,520
<b>TOTAL</b>	<b>\$4,123,148</b>	<b>\$2,228,087</b>	<b>-\$27,559</b>	<b>\$6,323,676</b>

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

## ST. VINCENT AND SARAH FISHER CENTER

38-1359589

Year Ended December 31, 2005

<u>Line 43 -- Other Expenses</u>	Total	Program Service	Management and General	<u>Fundraising</u>
Awards	175	175	0	0
Purchased Services	589,439	525,655	29,055	34,729
Subscriptions	811	40	567	204
Membership Fees	10,071	9,141	1,180	-250
Advertising & Recruitment	12,575	11,404	1,171	0
General Insurance	-56,207	-85,933	29,726	0
Miscellaneous	104,113	6,899	563	96,651
	<u>660,977</u>	<u>467,381</u>	<u>62,262</u>	<u>131,334</u>
Subtotal				
Less Rent & Special Events	<u>-109,500</u>	<u>0</u>	<u>-12,849</u>	<u>-96,651</u>
Totals	<u>\$551,477</u>	<u>467,381</u>	<u>49,413</u>	<u>34,683</u>

990e

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

Adoption	147,199
Respite Foster Care	341
Permanency Foster Care	<u>126,132</u>
TOTAL	<u>273,672</u>

99054

FORM 990, PART IV, LINE 54 - - INVESTMENTS

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

	<u>Balance at</u> <u>1/01/2005</u>	<u>Balance at</u> <u>12/31/2005</u>
Investments - Unrestricted Fund	\$2,985,094	\$2,820,516
Investments - Donor Restricted Fund	420,652	322,058
Investments - Endowment Fund	5,285,179	4,660,834
	<u>\$8,690,925</u>	<u>\$7,803,408</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.

**Line 58 (990) - Other assets**

		251,460	203,790
		Beginning	End
1	Prepaid expenses and miscellaneous assets	251,460	203,790
2			
3			
4			
5			
6			
7			
8			
9			
10			

990ivA&B

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

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.

109,500

FORM 990, PART V, CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES  
Form 990, Schedule A, Part III, Line 2d

St. Vincent and Sarah Fisher Center

Year Ended December 31, 2005

38-1359589

NAME & ADDRESS	TITLE & HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTIONS TO BENEFITS & DEFERRED COMP	EXPENSE ACCOUNT & OTHER ALLOW
Sr. Xavier Ballance, DC 27400 W 12 Mile Rd Farmington Hills, MI 48334	Trustee 1 Hour/Wk on Average	\$0	\$0	\$0
Mr. Bernard Schwartz 27400 W 12 Mile Rd Farmington Hills, MI 48334	Trustee 1 Hour/Wk on Average	\$0	\$0	\$0
Mr. Robert Asmussen 27400 W 12 Mile Rd Farmington Hills, MI 48334	Board Chairperson 2 Hours/Wk on Average	\$0	\$0	\$0
Ms. Cynthia Chabie 27400 W 12 Mile Rd Farmington Hills, MI 48334	Trustee 1 Hour/Wk on Average	\$0	\$0	\$0
Ms. Judy Dunn 27400 W 12 Mile Rd Farmington Hills, MI 48334	Trustee 1 Hour/Wk on Average	\$0	\$0	\$0
Ms. Kathleen Ligocki 27400 W 12 Mile Rd Farmington Hills, MI 48334	Trustee 1 Hour/Wk on Average	\$0	\$0	\$0
Ms. Stephanie Brady 27400 W 12 Mile Rd Farmington Hills, MI 48334	Trustee 1 Hour/Wk on Average	\$0	\$0	\$0
Ms. Kimberly Mulqueen 27400 W 12 Mile Rd Farmington Hills, MI 48334	Vice Chairperson 1 Hour/Wk on Average	\$0	\$0	\$0

Mr. Michael O'Malley 27400 W 12 Mile Rd Farmington Hills, MI 48334	Trustee 1 Hour/Wk on Average	\$0	\$0	\$0
Sr. Theresa Sullivan, DC 27400 W 12 Mile Rd Farmington Hills, MI 48334	Secretary 1 Hour/Wk on Average	\$0	\$0	\$0
Ms. Nanci Swain 27400 W 12 Mile Rd Farmington Hills, MI 48334	President & CEO 37.5 Hours/Wk	\$91,839	\$7,671	\$0
Mrs. Pamela Kane 27400 W 12 Mile Rd Farmington Hills, MI 48334	Director of Finance 37.5 Hours/Wk	\$103,923	\$18,537	\$0
TOTAL		\$195,762	\$26,208	

990VII95

FORM 990, PART VII, LINE 95 - STATEMENT

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

The \$358,453 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.

## FORM 990, SCHEDULE A, PART I, FIVE HIGHEST PAID EMPLOYEES

St. Vincent and Sarah Fisher Center

Year Ended December 31, 2005

38-1359589

NAME & ADDRESS	TITLE & HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTIONS TO BENEFITS & DEFERRED COMP	EXPENSE ACCOUNT & OTHER ALLOW
John Buehner 27400 W 12 Mile Rd Farmington Hills, MI 48334	Direct Support Services 37.5 Hours/Wk	\$69,097	\$8665	\$0
Cheryl Bukoff 27400 W 12 Mile Rd Farmington Hills, MI 48334	Director Continuous Quality Improvement 37.5 Hours/Wk	\$64,336	\$5645	\$0
Tia Brown 27400 W 12 Mile Rd Farmington Hills, MI 48334	Health Care Coordinator 37.5 Hours/Wk	\$62,016	\$0	\$0
Vickie Thompson- Sandy 27400 W 12 Mile Rd Farmington Hills, MI 48334	Director Children's Services 37.5 Hours/Wk	\$57,275	\$3150	\$0
Sharon Wheeler 27400 W 12 Mile Rd Farmington Hills, MI 48334	Director Family Support Services 37.5 Hours/Wk	\$54,354	\$4681	\$0

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, 2005

38-1359589

St. Vincent and Sarah Fisher Center belongs to:

Michigan Federation for Children and Families

A portion (\$414) of the fees paid to belong were used by the organization in lobbying for children's rights.

990A22

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

ST. VINCENT AND SARAH FISHER CENTER

Year Ended December 31, 2005

38-1359589

<u>Description</u>	<u>Amount</u>			
	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
Candy and Pop Sales	8,960	8,966	5,528	6,906
Purchase Discounts	832	768		
Miscellaneous Sales (Non-Taxable)	125	6,191	591	275
Miscellaneous Sales (Taxable)	0	5,113		
<b>TOTAL</b>	<u>9,917</u>	<u>21,038</u>	<u>6,119</u>	<u>7,181</u>

**Line 1 (990) - Public Support and Contributions**

	Cash		Non Cash
<b>Line 1a - Direct public support</b>			
1 Contributions . . . . .	239,143	1	56,459
2 Membership dues and assessments (contributions from the public) . . . . .		2	
3 Commercial co-venture . . . . .		3	
4 Special events contributions (Line 9 - Special Events) . . . . .	120,109	4	
5 _____		5	
6 _____		6	
7 _____		7	
8 _____		8	
9 _____		9	
10 Total . . . . .	359,252	10	56,459
<b>Line 1b - Indirect public support</b> . . . . .	117,157		
<b>Line 1c - Government contributions (grants)</b> . . . . .	3,317,015		

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

**MAY 15 2006**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- 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](http://www.irs.gov/efile).

<b>Type or print</b>	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 12 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 |

- 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 AUGUST 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2005 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 \$ NONE

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 \$ NONE

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

**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.

**ERNST & YOUNG LLP**  
 Suite 1700  
 500 Woodward  
 Detroit, MI 48226-5495  
 34-6565596

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.

Form fields for Name of Exempt Organization (ST. VINCENT AND SARAH FISHER CENTER), Employer identification number (38-1359589), and address (27400 WEST 12 MILE ROAD, FARMINGTON HILLS, MI 48334-4200).

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

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

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.

I request an additional 3-month extension of time until 11/15/2006. For calendar year 2005, 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 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. \$ NONE. 8b 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. \$ NONE. 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ NONE.

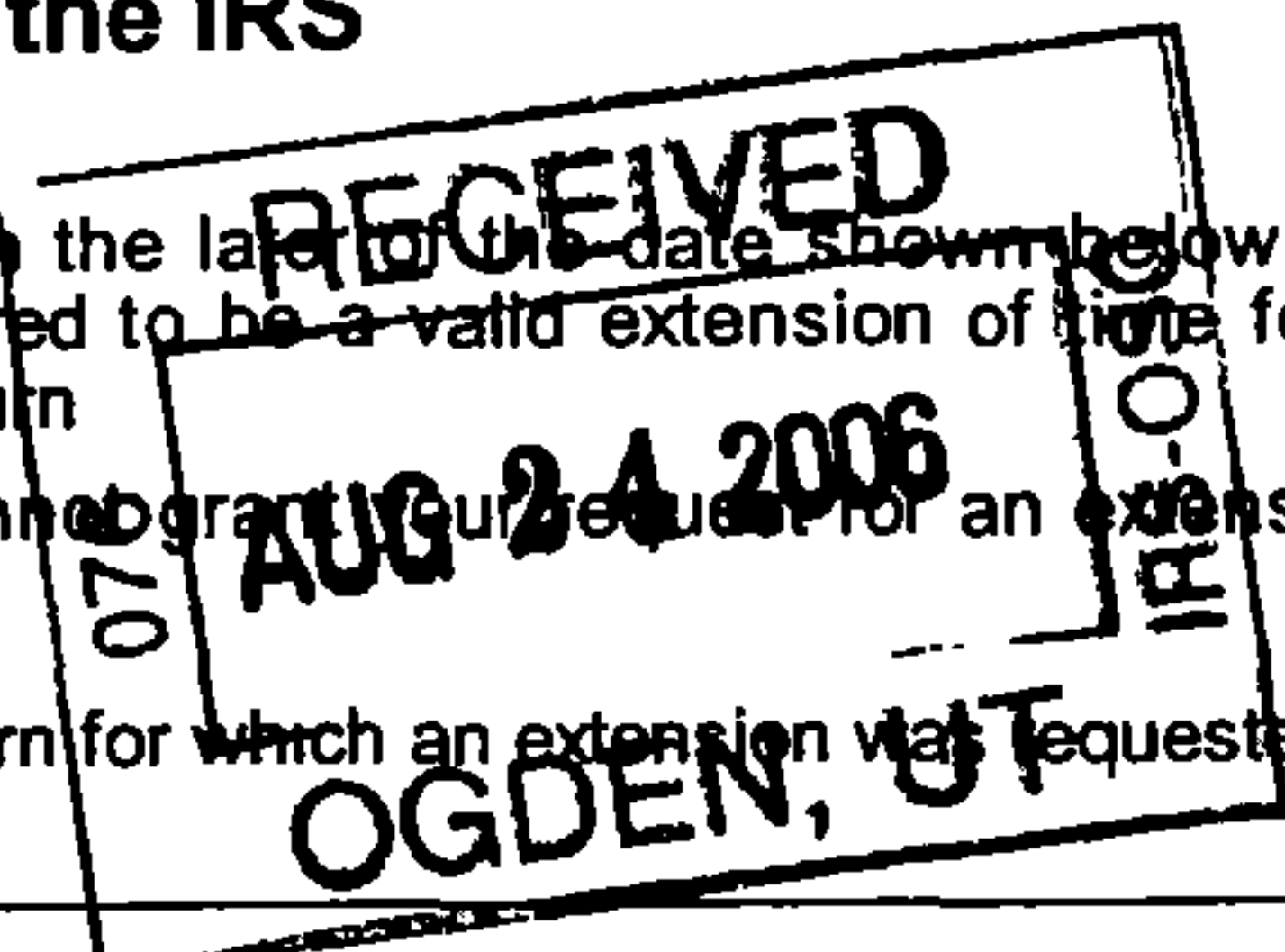
Signature and Verification

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

Signature: [Handwritten Signature] Title: C.P.A. Date: 08/14/06

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



Director By Date

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

Form fields for Name (ERNST & YOUNG LLP), Number and street (500 WOODWARD AVENUE, SUITE 1700), and City or town, province or state, and country (DETROIT, MI 48226-5495).