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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 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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ <u>1,500</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,500	1,500		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	449,480		384,123	65,357
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	95,712		95,712	
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	9,223,967	8,237,250	865,048	128,669
27	Pension plan contributions not included on lines 25a, b, and c	114,358	105,991	6,712	1,655
28	Employee benefits not included on lines 25a - 27	761,987	717,939	34,772	9,276
29	Payroll taxes	990,199	878,305	96,196	15,698
30	Professional fundraising fees				
31	Accounting fees	16,538		16,538	
32	Legal fees	31,236		31,236	
33	Supplies	932,419	841,336	79,013	12,070
34	Telephone	99,858	83,356	14,620	1,882
35	Postage and shipping	17,954	8,562	8,073	1,319
36	Occupancy	814,134	774,316	38,567	1,251
37	Equipment rental and maintenance				
38	Printing and publications	25,554	1,612	20,765	3,177
39	Travel	144,448	130,426	12,731	1,291
40	Conferences, conventions, and meetings	77,919	41,367	34,363	2,189
41	Interest	181,823		181,823	
42	Depreciation, depletion, etc (attach schedule)	788,897	738,826	50,071	
43	Other expenses not covered above (itemize).				
43a	Contractual Fees	1,114,772	973,699	122,422	18,651
43b	Special Assistance	1,752,072	1,750,985	1,087	
43c	Miscellaneous	96,147	37,696	48,000	10,451
43d	Membership Dues	13,961	9,842	4,119	
43e	Allocation of support	0	(63,387)	61,753	1,634
43f	Capital Campaign Expenses	83,930			83,930
43g	Subscription Fees	1,433	805	419	209
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	17,833,778	15,270,426	2,204,643	358,709

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 \$ N/A, (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? ▶ STMT-4 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a Specialized Residential Treatment Programs: To provide short-term intensive residential treatment program for teenaged girls with participation of other family members. A total of 64,689 days of care was provided. _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	12,083,700
b Community Based Services: To provide foster car and other supportive services for children and their families. A total of 27,330 days of foster care was provided. _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,186,726
c _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	15,270,426

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
Assets	45 Cash—non-interest-bearing	5,619	45	6,495
	46 Savings and temporary cash investments	1,103,936	46	853,070
	47a Accounts receivable	47a 3,459,025		
	b Less. allowance for doubtful accounts	47b	2,488,014	47c 3,459,025
	48a Pledges receivable	48a 416,129		
	b Less. allowance for doubtful accounts	48b	61,005	48c 416,129
	49 Grants receivable		21,023	49 22,589
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		421,492	53 214,353
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments—other securities (attach schedule)	▶ <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV STMT-5	10,000	54b 10,000
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 21,084,126			
b Less. accumulated depreciation (attach schedule)	57b 11,864,877	8,988,090	57c 9,219,249	
58 Other assets, including program-related investments (describe ▶ STMT-7)		1,764,561	58 1,889,033	
59 Total assets (must equal line 74) Add lines 45 through 58		14,863,740	59 16,089,943	
Liabilities	60 Accounts payable and accrued expenses	963,566	60	1,168,193
	61 Grants payable		61	
	62 Deferred revenue	158,603	62	111,233
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)	3,315,000	64a	3,070,000
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ Pension Liability)			65 152,845
66 Total liabilities. Add lines 60 through 65		4,437,169	66 4,502,271	
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	10,365,566	67	11,171,542
	68 Temporarily restricted	61,005	68	416,130
	69 Permanently restricted		69	
	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 and column (B) must equal line 21)			73	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		14,863,740	74 16,089,943	

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

a	Total revenue, gains, and other support per audited financial statements		a	19,734,263
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	102,355	
2	Donated services and use of facilities	b2	57,243	
3	Recoveries of prior year grants	b3		
4	Other (specify): Special Event Expenses: 95,056 Prior Period Adjustment: 587,085; FASB 158 Adjustment: (494,454)	b4	187,687	
	Add lines b1 through b4		b	347,285
c	Subtract line b from line a		c	19,386,978
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	19,386,978

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

a	Total expenses and losses per audited financial statements		a	17,986,077
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	57,243	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): Special Event Expenses	b4	95,056	
	Add lines b1 through b4		b	152,299
c	Subtract line b from line a		c	17,749,848
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	17,833,778

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
Cameron D. Hosner 20651 West Warren Avenue, Dearborn Heights, MI	President and CEO 60.00	206,520		11,183
Patrick Zurlinden 20651 West Warren Avenue, Dearborn Heights, MI	Chief Financial Officer 60.00	27,000		50
Patricia Lynett 20651 West Warren Avenue, Dearborn Heights, MI	Chief Operating Officer 60.00	111,164		196
Diane Kochis, CFRE 20651 West Warren Avenue, Dearborn Heights, MI	Chief Development Officer 60.00	90,609		2,758
See STMT 8 for List of Board of Directors 20651 West Warren Avenue, Dearborn Heights, MI	1.00			

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 57,243		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	N/A		
c	Dues, assessments, and similar amounts from members		
	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?		
	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		
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		
88a	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		<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<input checked="" type="checkbox"/>
88b			
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
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		<input checked="" type="checkbox"/>
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<input type="text" value="0"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<input type="text" value="0"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
	89e		
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<input checked="" type="checkbox"/>
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<input checked="" type="checkbox"/>
	89g		
90a	List the states with which a copy of this return is filed <input type="text" value="MI"/>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	<input type="text" value="301"/>
91a	The books are in care of <input type="text" value="Patrick Zurlinden"/> Telephone no. <input type="text" value="(313) 271-3080"/> Located at <input type="text" value="20651 West Warren Avenue, Dearborn Heights, MI"/> ZIP + 4 <input type="text" value="48127"/>		
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)? If "Yes," enter the name of the foreign country <input type="text" value="N/A"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	<input checked="" type="checkbox"/>

Part VI Other Information (continued)

Yes	No
	<input checked="" type="checkbox"/>

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ **N/A**

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**

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	
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	51,486	
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	10,518	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	800	
101 Net income or (loss) from special events			12	(47,636)	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a <u>Miscellaneous</u>			01	18,035	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				33,203	
105 Total (add line 104, columns (B), (D), and (E))					33,203

Note: Line 105 plus line 1e, 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	%			
	%			
	%			
	%			

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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: Cameron D. Hosner Date: 1/3/24/10

Type or print name and title: CAMERON D. HOSNER, PRESIDENT & CEO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: () _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2007

Name of the organization Vista Maria	Employer identification number 38 1359262
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Robert Congdon 20651 West Warren Avenue, Dearborn Heights	Director IT 40.00	72,357		
Thomas Yancheson 20651 West Warren Avenue, Dearborn Heights	Controller 40.00	71,633		
Margaret E. Poupard 20651 West Warren Avenue, Dearborn Heights	Dir. Health Services 40.00	67,894		1,530
Latonya Howard 20651 West Warren Avenue, Dearborn Heights	Program Manager 40.00	67,694		5,436
Susan Gossman 20651 West Warren Avenue, Dearborn Heights	Dir. Programs 40.00	66,258		4,707
Total number of other employees paid over \$50,000 ▶	11			

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
Romulo S. Ancog 7383 Lahser, Bloomfield Hills, MI 48301	Psychiatrist	210,938
Maple Psychiatric Associates 5640 West Maple Rd, West Bloomfield, MI 48322	Psychiatrist	157,511
Wolverine Security Solution 10559 Citation Dr, Suite 204, Brighton, MI 48116	Security	101,965
Hodge, Cramer & Assoc. Inc. 5400 Frantz Road, Suite 120, Dublin, OH 43016	Fundraising Consultants	73,100
Total number of others receiving over \$50,000 for professional services ▶		

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
Chartwells P.O. Box 91337, Chicago, IL 60693-1337	Food Service	758,401
Church Street Builders 2058 State Street, Suite 300, Ann Arbor, MI 48104	Builders	165,684
RLM Global 28850 Cabot Drive, Suite 900, Novi, MI 48377	Electrical	111,103
Durant Mechanical 16814 Hamilton, Detroit, MI 48203	Electrical	104,429
Aurora Essential Cleaning, Inc P.O. Box 74104, Romulus, MI 48174	Janitorial Services	83,526
Total number of other contractors receiving over \$50,000 for other services ▶	3	

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

	Yes	No
<p>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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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.</p>		✓
<p>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.)</p>		
<p>a Sale, exchange, or leasing of property?</p>		✓
<p>b Lending of money or other extension of credit?</p>		✓
<p>c Furnishing of goods, services, or facilities?</p>		✓
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>See Part VI-A & VI-B, Form 990</i></p>	✓	
<p>e Transfer of any part of its income or assets?</p>		✓
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>		✓
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	✓	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>		✓
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		✓
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>		✓
<p>b Did the organization make any taxable distributions under section 4966?</p>		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____</p>		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	18,054,075	15,159,640	12,742,240	11,951,501	57,907,456
16 Membership fees received					
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	38,173	206,088	234,155	168,688	647,104
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	58,909	40,154	36,106	64,743	199,912
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2,134	30,310	46,790	69,360	148,594
23 Total of lines 15 through 22	18,153,291	15,436,192	13,059,291	12,254,292	58,903,066
24 Line 23 minus line 17	18,115,118	15,230,104	12,825,136	12,085,604	58,255,962
25 Enter 1% of line 23	181,533	154,362	130,593	122,543	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 1,165,119
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 2003 through 2006 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 58,255,962
d Add: Amounts from column (e) for lines:	18 199,912	19			
22 148,594	26b				26d 348,506
e Public support (line 26c minus line 26d total)					26e 57,907,456
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.4018 %
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: N/A					
(2006) (2005) (2004) (2003)					
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:					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines:	15	16			
17	20	21			27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV) N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.) ----- ----- -----		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

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)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
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	41	
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 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			
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.)			

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

Vista Maria
EIN # 38-1359262
2007 Form 990, Part I, Line 8 Attachment
Gain(loss) on sale of securities & others

STMT 1

<u>Description</u>	<u>Gross Sale Price</u>	<u>Cost</u>	<u>Expense</u>	<u>Net Gain/ (Loss)</u>
Securities	800.00	-	-	800.00
To Form 990, Part I, Line 8	<u>800.00</u>	<u>-</u>	<u>-</u>	<u>800.00</u>

Vista Maria
EIN # 38-1359262
December 31, 2007
2007 Form 990, Part I, Line 9 Attachment

STMT 2

	<u>Gross</u> <u>Revenue</u>	<u>Contributions</u> <u>Included</u>	<u>Gross</u> <u>Receipts</u>	<u>Direct</u> <u>Expenses</u>	<u>Net Income or</u> <u>(loss)</u>
Special Events					
Golf outings	126,720	111,600	15,120	(57,979)	(42,859)
Celebrating Women	117,181	84,881	32,300	(37,077)	(4,777)
Total	<u>243,901</u>	<u>196,481</u>	<u>47,420</u>	<u>(95,056)</u>	<u>(47,636)</u>

Vista Maria

STMT 3

EIN # 38-1359262

2007 Form 990, Part I, Line 20 Attachment

Other changes in net assets or fund balances

<u>Description</u>	<u>Amount</u>
Unrealized Gain on Securities	102,355
Minimum pension Liability Adjustment (Prior Year)	587,085
Minimum pension Liability	(587,085)
Effect of Adoption of FASB statement No. 158	<u>(494,454)</u>
To Form 990, Part I, Line 20	<u><u>(392,099)</u></u>

Vista Maria

STMT 4

EIN # 38-1359262

2007 Form 990, Part III Attachment

Organization's primary exempt purpose:

Organization's Mission

To heal and restore Michigan's abused, neglected and poverty stricken women and children, so they successfully transition into a productive and healthy adulthood, by providing a comprehensive continuum of healing relationships and care that:

- Creates a safe, stable environment with adequate food, clothing, shelter and transportation
- Fosters physical, cognitive and emotional health
- Builds spiritual and moral development consistent with the individual's spiritual beliefs
- Increases personal competency and responsibility
- Improves social, peer and family relationships
- Facilitates educational and vocational achievement needed for a "living wage" job
- Creates contributing members within their home community.

Vista Maria
EIN # 38-1359262

2007 Form 990, Part IV, Line 54b Attachment
Investments - Other Securities

STMT 5

<u>Description</u>	<u>2007</u>	<u>2006</u>	<u>Method of Valuation</u>
Others securities - Endowment	10,000	10,000	Cost
Total to Form 990, Part IV, Line 54b	10,000	10,000	

2007 Form 990, Part IV, Line 57 Attachment
Depreciation of Assets not held for Investment

STMT 6

<u>Description</u>	<u>Cost or Other Basis</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Land improvements	1,878,160	514,733	1,363,427
Buildings	9,850,801	3,994,415	5,856,386
Building Improvements	6,449,833	5,004,363	1,445,470
Machinery and equipment	1,735,417	1,615,610	119,807
Vehicles	232,386	189,244	43,142
Furniture and fixtures	662,877	546,512	116,365
Construction in progress	274,652		274,652
Total to Form 990, Part IV, Line 57	21,084,126	11,864,877	9,219,249

2007 Form 990, Part IV, Line 58 Attachment
Other Assets

STMT 7

<u>Description</u>	<u>2007</u>	<u>2006</u>	<u>Method of Valuation</u>
Stock and Bond Index Fund	1,732,359	1,629,717	FMV
Investment held at Community Foundation	25,000	-	FMV
Restricted Cash	131,674	134,844	FMV
Total to Form 990, Part IV, Line 58	1,889,033	1,764,561	

Board of Directors

Hon. Robert Young, Jr.
Michigan Supreme Court
Board Chair

Angela Aufdemberge
Entertainment Publications
Vice Chair

Patricia Nemeth
Nemeth Burwell, P.C.
Vice Chair

James Gouin
Tower Automotive
Treasurer

Sandra Bulger
Secretary

Jan A. Bertsch
Chrysler LLC

Hon. Maura Corrigan
Michigan Supreme Court

Sr. Dorothy Doyle
Sisters of the Good Shepherd

Harold Dubrowsky
Grant Thornton

John Jagels
TCF Bank

Denise Kurowski
Strategic Staffing Solutions

Mary Lehmann
ArvinMeritor

Patricia Pitts
Consultant

Lynn Quigley
Ford Motor Company

Marvel Davis
Foster Parent
Vista Graduate, 1967

Vista Maria
EIN # 38-1359262
2007 Form 990, Part II, Line 22b Attachment
Grants and other Assistance Schedule

STMT 9

<u>Name</u>	<u>Address</u>	<u>Type of Grant</u>	<u>Amount</u>	<u>Method of Payment</u>
Jessica Linguidi	20651 West Warren Road Dearborn Heights, MI 48127	Scholarship	1,500.00	Cash
To Form 990, Part II, Line 22b			<u>1,500.00</u>	

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.


- a If you also want the second representative listed to receive a copy of notices and communications, check this box
- b If you do not want any notices or communications sent to your representative(s), check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here.

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

 Signature Cameron D. Hosner Print Name Signature Print Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number	Date 3/30/10 Date President and CEO President/CEO Title (if applicable) Vista Maria Print name of taxpayer from line 1 if other than individual Signature Date Title (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number
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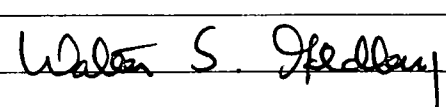
Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Treasury Department Circular No 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer
 - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister)
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10 3(d) of Treasury Department Circular No 230)
 - h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a–h)	Jurisdiction (state) or identification	Signature	Date
a	NY		3/30/10