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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: VISTA MARIA
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 20651 WEST WARREN AVENUE _____
 City or town, state or country, and ZIP + 4: DEARBORN HEIGHTS, MI 48127

D Employer identification number: 38-1359262
E Telephone number: (313) 271-3050
G Gross receipts \$ 19,527,741

F Name and address of principal officer: ANGELA AUFDEMBERGE, 20651 WEST WARREN AVENUE, DEARBORN HEIGHTS, MI 48127

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.VISTAMARIA.ORG

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 1884 **M** State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities MISSION VISTA MARIA'S MISSION IS TO HEAL VICTIMIZED GIRLS AND WOMEN WITH BEST-PRACTICE TREATMENT PROGRAMS DESIGNED TO MEET THEIR UNIQUE NEEDS WHILE RESTORING VULNERABLE CHILDREN AND FAMILIES WITHIN MICHIGAN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	409
	6 Total number of volunteers (estimate if necessary)	6	1,400
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,475
b Net unrelated business taxable income from Form 990-T, line 34	7b	9,506	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,377,693	19,156,411
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	481	3,279
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,298	159,502
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,390,472	19,319,192
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	895,055
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	11,704,133	11,971,184
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 326,887	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,919,034	4,978,209
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,623,167	17,844,448
19 Revenue less expenses Subtract line 18 from line 12	767,305	1,474,744	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	18,417,371	18,603,430
	22 Net assets or fund balances Subtract line 21 from line 20	6,130,466	7,776,244

Part II Signature Block

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.

Sign Here
 Signature of officer: ***** Date: 2012-07-25
 ANGELA AUFDEMBERGE PRESIDENT AND CEO
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: VICKI L VANDENBERG CPA Date: _____
 Check if self-employed
 Preparer's taxpayer identification number (see instructions): P00100422
 Firm's name (or yours if self-employed), address, and ZIP + 4: PLANTE & MORAN PLLC, 750 TRADE CENTRE WAY STE 300, PORTAGE, MI 49002
 EIN: _____
 Phone no: (269) 567-4500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

MISSION VISTA MARIA'S MISSION IS TO HEAL VICTIMIZED GIRLS AND WOMEN WITH BEST-PRACTICE TREATMENT PROGRAMS DESIGNED TO MEET THEIR UNIQUE NEEDS WHILE RESTORING VULNERABLE CHILDREN AND FAMILIES WITHIN MICHIGAN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 12,699,138 including grants of \$) (Revenue \$)

SPECIALIZED RESIDENTIAL TREATMENT PROGRAMS TO PROVIDE SHORT-TERM INTENSIVE RESIDENTIAL TREATMENT PROGRAM FOR TEENAGED GIRLS WITH PARTICIPATION OF OTHER FAMILY MEMEBERS A TOTAL OF 55,489 DAYS OF CARE WAS PROVIDED

4b (Code) (Expenses \$ 2,573,757 including grants of \$ 895,055) (Revenue \$)

COMMUNITY BASED SERVICES TO PROVIDE FOSTER CARE AND OTHER SUPPORTIVE SERVICES FOR CHILDREN AND THEIR FAMILIES A TOTAL OF 31,327 DAYS OF FOSTER CARE WAS PROVIDED

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 15,272,895

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed MI
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MR PATRICK ZURLINDEN
 20651 WEST WARREN AVENUE
 DEARBORN HEIGHTS, MI 48127
 (313) 271-3050

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUSSELL AGOSTA BOARD CHAIR	1 00	X		X				0	0	0
(2) PATRICIA NEMETH BOARD VICE CHAIR	1 00	X		X				0	0	0
(3) HAROLD DUBROWSKY BOARD SECRETARY	1 00	X		X				0	0	0
(4) JAMES GOUIN BOARD TREASURER	1 00	X		X				0	0	0
(5) JAMES BERNACKI DIRECTOR	1 00	X						0	0	0
(6) JAN A BERTSCH DIRECTOR	1 00	X						0	0	0
(7) SR DOROTHY DOYLE DIRECTOR	1 00	X						0	0	0
(8) ANGELA DAVISON DIRECTOR	1 00	X						0	0	0
(9) JOHN JAGELS DIRECTOR	1 00	X						0	0	0
(10) DENISE KUROWSKI DIRECTOR	1 00	X						0	0	0
(11) MARY A LEHMANN DIRECTOR	1 00	X						0	0	0
(12) PATRICIA PITTS DIRECTOR	1 00	X						0	0	0
(13) LYNN QUIGLEY DIRECTOR	1 00	X						0	0	0
(14) DAVID STEPHENS DIRECTOR	1 00	X						0	0	0
(15) HON ROBERT YOUNG JR DIRECTOR	1 00	X						0	0	0
(16) ANGELA AUFDEMBERGE PRESIDENT & CEO AS OF 10/11	60 00			X				37,325	0	1,658
(17) CAMERON D HOSNER PRESIDENT & CEO - THRU 10/11	60 00			X				121,664	0	8,717

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANE KOCHIS CFRE CHIEF DEVELOPMENT OFFICER	60 00			X				89,281	0	766
(19) STEPHANIE MILLER CHIEF OPERATING OFFICER	60 00			X				117,107	0	754
(20) PATRICK ZURLINDEN CHIEF FINANCIAL OFFICER	60 00			X				121,262	0	968
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								486,639	0	12,863

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLS PO BOX 91337 CHICAGO, IL 60693	FOOD SERVICES	921,576
VHM ENTERPRISE INC 9376 TIMBERLINE CT PLYMOUTH, MI 48170	CLEANING SERVICES	204,423
ROMULO S ANCOG 7383 LAHSER BLOOMFIELD HILLS, MI 48301	PSYCHIATRIST	171,045
MAPLE PSYCHIATRIC ASSOC 5640 W MAPLE ROAD BLOOMFIELD HILLS, MI 48322	PSYCHIATRIST	126,754
US SECURITY ASSOCIATES PO BOX 931703 ATLANTA, GA 31193	SECURITY SERVICES	112,543

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	47,625				
	b	Membership dues 1b					
	c	Fundraising events 1c	202,604				
	d	Related organizations 1d	100,050				
	e	Government grants (contributions) 1e	17,058,119				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,748,013				
	g	Noncash contributions included in lines 1a-1f \$ <u>209,664</u>					
	h	Total. Add lines 1a-1f ▶		19,156,411			
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		277		277	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
			Gross rents	294,328			
		b	Less rental expenses	110,598			
	c	Rental income or (loss)	183,730				
	d	Net rental income or (loss) ▶		183,730		17,475	166,255
	7a		(i) Securities				
			(ii) Other				
			Gross amount from sales of assets other than inventory		3,002		
		b	Less cost or other basis and sales expenses		0		
	c	Gain or (loss)		3,002			
	d	Net gain or (loss) ▶		3,002			3,002
8a	Gross income from fundraising events (not including \$ <u>202,604</u> of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b		48,866				
c	Net income or (loss) from fundraising events ▶		90,585				
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b		17,937				
c	Net income or (loss) from gaming activities ▶		7,366				
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS	900099	6,920			6,920	
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		6,920				
12	Total revenue. See Instructions ▶		19,319,192	0	17,475	145,306	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	895,055	895,055		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	499,502		436,469	63,033
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,219,309	8,325,006	840,177	54,126
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	326,466	292,146	31,141	3,179
9	Other employee benefits	1,217,668	1,101,172	105,050	11,446
10	Payroll taxes	708,239	604,799	95,100	8,340
11	Fees for services (non-employees)				
a	Management				
b	Legal	24,011		24,011	
c	Accounting	30,000		30,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,129,493	967,705	127,761	34,027
12	Advertising and promotion	25,598	10,246	15,352	
13	Office expenses	867,451	771,886	83,348	12,217
14	Information technology				
15	Royalties				
16	Occupancy	1,028,242	922,857	98,686	6,699
17	Travel	152,718	138,971	11,661	2,086
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,591	20,416	2,425	6,750
20	Interest	145,551		144,374	1,177
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	977,092	843,321	117,360	16,411
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT CARE	201,881	201,881		
b	EQUIPMENT LEASE	166,165	126,392	16,501	23,272
c	FUNDRAISING	70,860		15,940	54,920
d	BAD DEBT	42,131	42,131		
e					
f	All other expenses	87,425	8,911	49,310	29,204
25	Total functional expenses. Add lines 1 through 24f	17,844,448	15,272,895	2,244,666	326,887
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,163	1	4,930
	2 Savings and temporary cash investments	1,089,386	2	2,233,045
	3 Pledges and grants receivable, net	453,039	3	1,242,968
	4 Accounts receivable, net	3,968,460	4	2,613,323
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	255,076	9	244,237
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	25,833,469		
	b Less accumulated depreciation	14,827,444	10c	11,006,025
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	10,000	12	10,000
	13 Investments—program-related See Part IV, line 11	983,605	13	991,679
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	191,127	15	257,223
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,417,371	16	18,603,430	
Liabilities	17 Accounts payable and accrued expenses	1,114,206	17	1,001,373
	18 Grants payable		18	
	19 Deferred revenue	74,556	19	75,547
	20 Tax-exempt bond liabilities	2,285,000	20	2,000,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	525,000	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,131,704	25	4,699,324
	26 Total liabilities. Add lines 17 through 25	6,130,466	26	7,776,244
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,255,655	27	9,573,872
	28 Temporarily restricted net assets	31,250	28	1,253,314
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,286,905	33	10,827,186	
34 Total liabilities and net assets/fund balances	18,417,371	34	18,603,430	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,319,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,844,448
3	Revenue less expenses Subtract line 2 from line 1	3	1,474,744
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,286,905
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,934,464
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,827,186

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
VISTA MARIA

Employer identification number

38-1359262

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	19,353,775	20,441,449	17,950,722	18,377,693	19,156,411	95,280,050
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19,353,775	20,441,449	17,950,722	18,377,693	19,156,411	95,280,050
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						95,280,050

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	19,353,775	20,441,449	17,950,722	18,377,693	19,156,411	95,280,050
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,952	68,437	86,071	181,312	294,605	689,377
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	18,035	16,420	26,631	5,196	6,920	73,202
11 Total support (Add lines 7 through 10)						96,042,629
12 Gross receipts from related activities, etc (See instructions)					12	261,480

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.210%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.450%

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-1359262

Name: VISTA MARIA

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization VISTA MARIA

Employer identification number 38-1359262

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	999,528	877,827	906,896	1,116,409	
b Contributions	15,923	15,923	9,395	68,500	
c Investment earnings or losses	-11,831	105,778	-35,978	-275,214	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			2,486	2,799	
g End of year balance	1,003,620	999,528	877,827	906,896	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		19,975,971	11,270,289	8,705,682
c Leasehold improvements		2,376,664	876,838	1,499,826
d Equipment		1,695,839	1,550,315	145,524
e Other		1,784,995	1,130,002	654,993
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				11,006,025

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,319,192
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,844,448
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,474,744
4	Net unrealized gains (losses) on investments	4	-11,831
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,922,633
9	Total adjustments (net) Add lines 4 - 8	9	-2,934,464
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,459,720

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	16,628,741
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-11,831
b	Donated services and use of facilities	2b	2,900
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-2,887,067
e	Add lines 2a through 2d	2e	-2,895,998
3	Subtract line 2e from line 1	3	19,524,739
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-205,547
c	Add lines 4a and 4b	4c	-205,547
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	19,319,192

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	18,078,692
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,900
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	231,345
e	Add lines 2a through 2d	2e	234,245
3	Subtract line 2e from line 1	3	17,844,447
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	17,844,447

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FUNDS ARE INTENDED TO BE SPENT CONSISTENT WITH RESTRICTIONS IMPOSED
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	VISTA MARIA QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE INTERNAL REVENUE SERVICE HAS RULED THAT THE ORGANIZATION IS A PUBLIC CHARITY AS DESCRIBED IN SECTIONS 509 (A)(1) OF THE INTERNAL REVENUE CODE CONSEQUENTLY, THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX AND CERTAIN EXCISE TAXES IMPOSED ON PRIVATE FOUNDATIONS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2011 AND 2010, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO JANUARY 1, 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION RELATED CHANGES -2,892,633 CHANGE IN INVESTMENT IN SUBSIDIARY -30,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 -2,922,633
PART XII, LINE 2D - OTHER ADJUSTMENTS		PENSION RELATED CHANGES -2,892,633 REVENUES OF CONSOLIDATED ENTITY 5,566
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES -90,585 RENTAL EXPENSES - 110,598 GAIN ON SALE OF ASSETS 3,002 GAMING EXPENSES -7,366
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 90,585 EXPENSES OF CONSOLIDATED ENTITY 25,798 RENTAL EXPENSES 110,598 GAIN ON SALE OF ASSETS -3,002 GAMING EXPENSES 7,366

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization VISTA MARIA

Employer identification number 38-1359262

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>GOLF OUTING</u> (event type)	(b) Event #2 <u>CELEBRATING WOMEN</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	119,299	132,171		251,470
	2 Less Charitable contributions	94,023	108,581		202,604
	3 Gross income (line 1 minus line 2)	25,276	23,590		48,866
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	47,030	43,555		90,585
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(90,585)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-41,719	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			17,937	17,937
Direct Expenses	2 Cash prizes			3,996	3,996
	3 Non-cash prizes			2,500	2,500
	4 Rent/facility costs				
	5 Other direct expenses			870	870
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000% <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					(7,366)
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					10,571

9 Enter the state(s) in which the organization operates gaming activities MI

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	62 000 %
b An outside facility	13b	38 000 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ DIANE KOCHIS

Address ▶ 20651 WEST WARREN AVE
DEARBORN HEIGHTS, MI 48127

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ASSISTANCE	86	895,055	0	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization VISTA MARIA

Employer identification number

38-1359262

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Clothing, Cars, Securities, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Table with 2 columns: 29, Yes/No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Table with 3 columns: 30a, Yes, No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

Table with 3 columns: 31, Yes, No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

Table with 3 columns: 32a, Yes, No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Table with 3 columns: 33, Yes, No

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VISTA MARIA

Employer identification number

38-1359262

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE CORPORATION SHALL BE THE PROVINCIAL, THE COUNCIL, AND THE PROVINCIAL TREASURER OF THE SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA
	FORM 990, PART VI, SECTION A, LINE 7A	THE BY LAWS OF VISTA MARIA HAS RESERVED THE POWERS OF THE MEMBERS TO ELECT OR REMOVE WITH OR WITHOUT CAUSE THE OFFICERS AND DIRECTORS OF THIS CORPORATION
	FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS REQUIRE APPROVAL BY MEMBERS PER RESERVED POWERS OUTLINED IN THE ARTICLES OF INCORPORATION AND THE BYLAWS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED FIRST BY THE MANAGEMENT OF THE CORPORATION AND THEN REVIEWED BY THE AUDIT COMMITTEE ON BEHALF OF THE BOARD THE BOARD RECEIVES A COPY OF THE FORM 990 AND THE AUDIT COMMITTEE'S REPORT ON IT'S REVIEW OF THE FORM 990, AFTER HAVING FILED THE TAX RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	VISTA MARIA MANAGEMENT HAS PUT IN PLACE PROCESSES WITH THE DIRECTORS AND ADVISORS TO ANNUALLY REVIEW THE CONFLICT AND CONFIDENTIALITY POLICY IN ADDITION, WHEN NEW MEMBERS COME ON THE BOARD, THEY ALSO REVIEW THE CONFLICT AND CONFIDENTIALITY POLICY IF ANY CONFLICT IS DETERMINED BY THE BOARD, THEN THE BOARD CHAIR AND CEO WOULD DETERMINE THE APPROPRIATE ACTION NECESSARY UNDER THE GUIDELINES OF THE POLICY
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIALS EXECUTIVE COMMITTEE OF THE BOARD REVIEWS CEO'S PERFORMANCE ANNUALLY WITH INPUT FROM FULL BOARD EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA FOR CEO POSITION AND MAKES DECISION ON CEO'S BASE COMPENSATION AND THE BONUS THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION MADE BY THE EXECUTIVE COMMITTEE THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2011
	FORM 990, PART VI, SECTION C, LINE 19	MADE AVAILABLE TO THE PUBLIC UPON A WRITTEN REQUEST MAILED TO MS ANGELA AUFDEMBERGE, PRESIDENT AND CEO, 20651 WEST WARREN AVENUE, DEARBORN HEIGHTS, MI 48127
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -11,831 PENSION RELATED CHANGES -2,892,633 CHANGE IN INVESTMENT IN SUBSIDIARY -30,000 TOTAL TO FORM 990, PART XI, LINE 5 -2,934,464
	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN PROCESS FROM PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
VISTA MARIA

Employer identification number
38-1359262

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SISTERS OF THE GOOD SHEPHERD	C	100,050	CASH
(2) STARR VISTA	K	1,114,714	ACTUAL COST
(3) VISTA AFFORDABLE HOUSING INC	P	20,905	ACTUAL COST
(4) SISTERS OF THE GOOD SHEPHERD	I	10,200	FMV
(5) VISTA AFFORDABLE HOUSING INC	C	30,000	BOARD APPROVED
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Software ID:
Software Version:
EIN: 38-1359262
Name: VISTA MARIA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
STARR VISTA 22390 WEST SEVEN MILE DETROIT, MI 48219 38-3492157	CARE MANAGEMENT ORGANIZATION	MI	501(C) (3)	LINE 7		Yes	
SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA 7654 NATURAL BRIDGE ROAD ST LOUIS, MO 63121 43-1867473	RELIGIOUS ORDER	MO	501(C) (3)			Yes	
VISTA AFFORDABLE HOUSING INC 20651 WEST WARREN AVE DEARBORN HEIGHTS, MI 48127 26-4271547	AFFORDABLE HOUSING	MI	501(C) (3)	LINE 11A, I	VISTA MARIA	Yes	
SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA FDN 7654 NATURAL BRIDGE ROAD ST LOUIS, MO 63121 26-0045343	FOUNDATION OF FORMER MINISTRIES	MO	501(C) (3)		SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
THE GOOD SHEPHERD SHELTER OF LOS ANGELES 2561 VENICE BOULEVARD LOS ANGELES, CA 90019 95-1652906	WOMEN'S SHELTER	CA	501(C) (3)	LINE 7	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
GOOD SHEPHERD GRACENTER OF SAN FRANCISCO 1310 BACON STREET SAN FRANCISCO, CA 94134 94-1156670	RECOVERY HOUSING	CA	501(C) (3)	LINE 7	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
GOOD SHEPHERD CORPORATION OF ORLANDO INC 5811 WILLOW LEAF COURT ORLANDO, FL 32807 59-3379851	TRANSITIONAL HOUSING	FL	501(C) (3)	LINE 7	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
GOOD SHEPHERD CORPORATION OF ATLANTA GEORGIA 3244 WANDA WOODS DRIVE ATLANTA, GA 30340 58-2004775	IMMIGRANT/REFUGEE SERVICES	GA	501(C) (3)	LINE 9	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
HOUSE OF THE GOOD SHEPHERD 1114 WEST GRACE STREET CHICAGO, IL 60613 36-2167738	WOMEN'S SHELTER	IL	501(C) (3)	LINE 7	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
HOUSE OF THE GOOD SHEPHERD OF THE CITY OF BALTIMORE 4100 MAPLE AVENUE BALTIMORE, MD 21227 52-0608774	TREATMENT CENTER	MD	501(C) (3)	LINE 2	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
HOUSE OF THE GOOD SHEPHERD 5100 HODGSON ROAD ST PAUL, MN 55126 41-0695589	TRANSITIONAL HOUSING	MN	501(C) (3)	LINE 7	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
GOOD SHEPHERD PROGRAMS OF ST LOUIS 7660 NATURAL BRIDGE ROAD ST LOUIS, MO 63121 43-1452302	TRANSITIONAL HOUSING	MO	501(C) (3)	LINE 7	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
CORA SERVICES INC 8540 VERREE ROAD PHILADELPHIA, PA 19111 23-2323488	AT-RISK CHILDREN'S SERVICES	PA	501(C) (3)	LINE 1	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
GOOD SHEPHERD CORPORATION CLARKS SUMMIT PENNSYLVANIA 1327 WYOMING AVENUE SCRANTON, PA 18509 24-0795962	COMMUNITY SERVICES	PA	501(C) (3)	LINE 1	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
GOOD SHEPHERD CORPORATION PHILADELPHIA 5356 CHEW AVENUE PHILADELPHIA, PA 19138 23-1365360	MEDIATION SERVICES	PA	501(C) (3)	LINE 1	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	
HOUSE OF THE GOOD SHEPHERD OF MEMPHIS 190 S COOPER MEMPHIS, TN 38104 62-0563294	ADULT LEARNING	TN	501(C) (3)	LINE 7	SISTERS OF THE GOOD SHEPHERD PROVINCE OF MID-NORTH AMERICA	Yes	