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Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

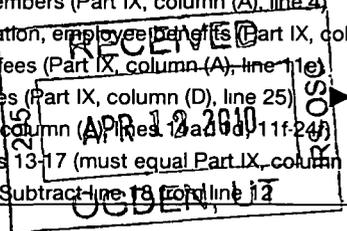
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPIRITT FAMILY SERVICES Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 13135 BARTON RD City or town, state or country, and ZIP + 4 WHITTIER, CA 90605	D Employer identification number 95-2852683
	F Name and address of principal officer: IRENE CHURCHWARD SAME AS C ABOVE	E Telephone number (562) 903-7000
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 5,161,484.
	J Website: WWW.SPIRITT.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1972 M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities. EDUCATIONAL, SOCIAL WELFARE ORGANIZATION			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3		11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4		11
5 Total number of employees (Part V, line 2a)	5		106
6 Total number of volunteers (estimate if necessary)	6		0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
8 Contributions and grants (Part VIII, line 1h)		39,209.	37,027.
9 Program service revenue (Part VIII, line 2g)		4,952,957.	5,116,751.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		56.	86.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,968.	7,620.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,065,190.	5,161,484.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			529,530.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employer benefits (Part IX, column (A), lines 5-10)		3,200,808.	3,408,531.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)	9,171.		
17 Other expenses (Part IX, column (A), lines 11f-24f)		1,806,492.	1,164,798.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,007,300.	5,102,859.
19 Revenue less expenses. Subtract line 18 from line 12		57,890.	58,625.
20 Total assets (Part X, line 16)		1,664,806.	1,831,727.
21 Total liabilities (Part X, line 26)		814,251.	922,547.
22 Net assets or fund balances. Subtract line 21 from line 20		850,555.	909,180.

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	<i>Irene Churchward</i> Signature of officer	3/30/10 Date	
	IRENE CHURCHWARD, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature <i>Sandra Nung CPA</i>	Date 3/29/10	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 G7 CERTIFIED PUBLIC ACCOUNTANTS, INC. 8001 IRVINE CENTER DRIVE, 4TH FLOOR IRVINE, CA 92618		EIN 95-2852683 Phone no. 800 376-8787

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

SCANNED MAY 04 2010



3 gis

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
SPIRITT FAMILY SERVICES IS A NONPROFIT ORGANIZATION THAT SINCE 1972 HAS BEEN WORKING WITH LOW INCOME FAMILIES. IT PROVIDES SEVERAL PREVENTION/EARLY INTERVENTION, TREATMENT AND RECOVERY PROGRAMS. ALL SERVICES PROVIDED FOR CHILDREN/ADOLESCENTS/YOUNG ADULTS AND FAMILIES

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 [X] 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 [X] No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,402,173. including grants of \$) (Revenue \$ 1,529,539.) ALCOHOL & DRUG ABUSE PREVENTION AND TREATMENT SERVICES ARE PROVIDED IN GLENDORA, EL MONTE, WHITTIER, LA PUENTE AND SANTA FE SPRINGS OFFICES. THE PROGRAMS PROVIDE TREATMENT OPTIONS FOR ADOLESCENTS AND ADULTS. THROUGH A VARIETY OF INTERVENTIONS, WE WORK WITH THOSE MOST VULNERABLE TO THE HAZARDS OF ALCOHOL AND OTHER SUBSTANCES WHO MAY BE EXPERIMENTING OR MAY BE ADDICTED. THE CORNERSTONE PROGRAM OFFERED CONTINUOUSLY FOR 37 YEARS AT FOUR OF THE FIVE SITES IS THE WINDOWS/VENTANAS PROGRAM WHICH IS DESIGNED TO HELP FAMILIES MEMBERS UNDERSTAND EACH OTHER AND RESOLVE DIFFICULTIES BEFORE THEY FEEL INSURMOUNTABLE AND THEY TURN TO UNDESIRABLE AND INEFFECTIVE METHODS TO NOT DEAL WITH ISSUES, I.E. ALCOHOL AND DRUGS. THE OBJECTIVE IS TO ESTABLISH COHESIVENESS WITH THE FAMILY, PROMOTE THE DIGNITY AND THE EMPOWERMENT OF EACH FAMILY MEMBER

4b (Code:) (Expenses \$ 1,494,280. including grants of \$) (Revenue \$ 1,604,792.) CHILD ABUSE PREVENTION SERVICES - THIS AGENCY PROVIDES CHILD ABUSE PREVENTION PROGRAMS THAT FOCUS ON FAMILY PRESERVATION AS WELL AS FAMILY SUPPORT SERVICES IN THE WHITTIER/SANTA FE SPRINGS AND THE GREATER LA PUENTE AREA OF LOS ANGELES COUNTY. THE OBJECTIVE OF THESE PROGRAMS IS TO PROVIDE INTENSIVE IN-HOME SERVICES TO STRENGTHEN FAMILIES WITH CHILDREN WHO COME TO THE ATTENTION OF THE DEPT. OF CHILDREN AND FAMILY SERVICES AND ARE REFERRED TO AGENCIES SUCH AS SPIRITT AS AN ALTERNATIVE TO FOSTER CARE PLACEMENT WHEN IT IS DEEMED SAFE TO LEAVE THEM IN THEIR OWN HOMES. FAMILIES ARE PROVIDED WITH IN-HOME COUNSELING AND CASE MANAGEMENT, BASIC NECESSITIES, PARENTING SKILLS, AS WELL AS A VARIETY OF ACTIVITIES THAT PROMOTE STRENGTHENING AND BONDING OF THE FAMILY UNIT. SPIRITT ALSO WORKS WITH FAMILIES WHO ARE IN THE PROCESS OF

4c (Code:) (Expenses \$ 1,066,248. including grants of \$) (Revenue \$ 1,143,387.) THE PARTNERSHIP FOR FAMILIES PROGRAM IS DESIGNED TO WORK WITH FAMILIES SPECIFICALLY REFERRED BY THE DEPT. OF CHILDREN AND FAMILY SERVICES WHO HAVE CHILDREN AGES FIVE AND UNDER, AS WELL AS PREGNANT WOMEN WHO ARE AT-RISK FOR CHILD MALTREATMENT DUE TO MATERNAL DEPRESSION, DRUG AND ALCOHOL ABUSE, DOMESTIC VIOLENCE AND YOUNG MATERNAL AGE (TEEN MOTHERS). THIS PROGRAM FOCUSES ON WORKING WITH PARENTS/CAREGIVERS AND THEIR CHILDREN TO IMPROVE THEIR WELL-BEING EMOTIONALLY, SOCIALLY, PHYSICALLY, MENTALLY AND ECONOMICALLY. THROUGH COMMUNITY COLLABORATIVE EFFORTS, THE PROGRAM AIMS TO SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN BY WORKING TO STRENGTHEN FAMILIES, ONE NEIGHBORHOOD AT A TIME.

REVENUE \$1,143,387 SUB-CONTRACTORS \$127,118 EXPENSES \$1,066,248

4d Other program services (Describe in Schedule O) (Expenses \$ 719,874. including grants of \$) (Revenue \$ 863,342.)

4e Total program service expenses \$ 4,682,575. (Must equal Part IX, Line 25, column (B).)

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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where 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>		X
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>		X
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>		X
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>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part II</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
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 question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
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>		X

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 562 903-7000 13135 BARTON RD, WHITTIER, CA 90605

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• 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 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, and 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ROGER STOLTENBERG PRESIDENT	2.00	X					0.	0.	0.	
LAYLA A. AVILA VICE PRESIDENT	1.00	X					0.	0.	0.	
DIANE INNES SECRETARY	1.00	X					0.	0.	0.	
KEVIN SCHERFF TREASURER	1.00	X					0.	0.	0.	
JOANNE BRAUSE BOARD MEMBER	1.00	X					0.	0.	0.	
RENE S. LINCON, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
DR. ROSIE LIM BOARD MEMBER	1.00	X					0.	0.	0.	
RAUL AVILA BOARD MEMBER	1.00	X					0.	0.	0.	
ISRAEL COBOS BOARD MEMBER	1.00	X					0.	0.	0.	
IRENE REDONDO-CHURCHWARD EXEC DIRECTOR	40.00			X	X		106,946.	0.	9,626.	
MARY PARRA CONTROLLER	35.00			X			80,939.	0.	9,374.	
ELVIA TORRES ASSOCIATE DIRECTOR	40.00				X		94,446.	0.	11,772.	

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	1 a Federated campaigns	1a 17,513.				
	b Membership dues	1b 2,810.				
	c Fundraising events	1c 16,404.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 300.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		37,027.			
	Program Service Revenue	2 a LOCAL GOVERNMENT GRANT	Business Code 624100	3,773,635.	3,773,635.	
		b 1ST FIVE LA GRANT	624100	1,143,387.	1,143,387.	
c CLIENT FEES		624100	169,956.	169,956.		
d SACCHI GRANT		624100	25,000.	25,000.		
e CHILD ABUSE COUNCIL		624100	4,773.	4,773.		
f All other program service revenue						
g Total. Add lines 2a-2f			5,116,751.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		86.	86.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	3,600.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	3,600.			
	d Net rental income or (loss)		3,600.	3,600.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	4,020.			
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events			4,020.	4,020.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			5,161,484.	5,124,457.	0. 0.	

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).

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 U.S. See Part IV, line 21	392,811.	392,811.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	136,719.	136,719.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	211,140.		211,140.	
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	2,652,361.	2,540,121.	109,686.	2,554.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	133,722.	126,604.	7,118.	
9 Other employee benefits	170,080.	161,038.	9,042.	
10 Payroll taxes	241,228.	216,253.	24,780.	195.
11 Fees for services (non-employees).				
a Management				
b Legal	5,000.	5,000.		
c Accounting	16,660.	16,660.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	80,411.	71,307.	9,104.	
12 Advertising and promotion	229.			229.
13 Office expenses	285,972.	273,345.	10,766.	1,861.
14 Information technology	69,527.	67,496.	2,031.	
15 Royalties				
16 Occupancy	369,157.	349,333.	19,824.	
17 Travel	93,610.	90,010.	3,600.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	123,019.	118,687.		4,332.
20 Interest	20,583.	20,583.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,280.	13,280.		
23 Insurance	38,435.	36,449.	1,986.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OUTSIDE SERVICES	0.			
b MILEAGE & VAN EXPENSE	0.			
c STAFF DEVELOPMENT	29,669.	27,868.	1,801.	
d MEMBERSHIP DUES	17,247.	17,147.	100.	
e MISCELLANEOUS	1,999.	1,864.	135.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,102,859.	4,682,575.	411,113.	9,171.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	491,723.	1	458,862.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	575,310.	4	781,646.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	52,672.	9	59,398.
	10a	Land, buildings, and equipment: cost basis	10a 733,445.		
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 201,624.		
			545,101.	10c	531,821.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,664,806.	16	1,831,727.	
Liabilities	17	Accounts payable and accrued expenses	320,444.	17	392,018.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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	326,289.	23	305,059.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	167,518.	25	225,470.
	26	Total liabilities. Add lines 17 through 25	814,251.	26	922,547.
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	872,500.	27	927,512.
	28	Temporarily restricted net assets	<21,945.>	28	<18,332.>
	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	850,555.	33	909,180.
	34	Total liabilities and net assets/fund balances	1,664,806.	34	1,831,727.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

Part II Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3169541.	3753959.	4752482.	4739201.	4857518.	21272701.
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 - 3	3169541.	3753959.	4752482.	4739201.	4857518.	21272701.
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						21272701.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3169541.	3753959.	4752482.	4739201.	4857518.	21272701.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	222.	175.	150.	56.	86.	689.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			28,836.	78,230.	20,424.	127,490.
11 Total support. Add lines 7 through 10						21400880.
12 Gross receipts from related activities, etc (see instructions)					12	1,500,522.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.40	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.80	%
16a 33 1/3% support test - 2008. 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 <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a 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 <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. 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 <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. 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 <input type="checkbox"/>			
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 <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 5						
7 a 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10 a 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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19 a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **SPIRITT FAMILY SERVICES** Employer identification number **95-2852683**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 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

- 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.
- 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	▶ \$ _____
- 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 Trust, Escrow and Custodial Arrangements. Complete if 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.

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

	Amount
1c	
1d	
1e	
1f	

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 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		152,801.		152,801.
b Buildings		356,536.	46,474.	310,062.
c Leasehold improvements		16,900.	2,348.	14,552.
d Equipment		207,208.	152,802.	54,406.
e Other				0.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				531,821.

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		FASION SHOW (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	33,013.		33,013.	
	2	Less: Charitable contributions	2,023.		2,023.	
	3	Gross revenue (line 1 minus line 2)	30,990.		30,990.	
Direct Expenses	4	Cash prizes	0.			
	5	Non-cash prizes	12,589.		12,589.	
	6	Rent/facility costs				
	7	Other direct expenses	9,171.		9,171.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(21,760.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				9,230.

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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				(_____)
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				(_____)

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

a The organization's facility

b An outside facility

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

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?

17a

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 ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Open to Public
Inspection

Name of the organization

SPIRITT FAMILY SERVICES

Employer identification number
95-2852683

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIENVENIDOS CHILDREN'S CENTER 5233 E. BEVERLY BLVD. EAST LOS ANGELES, CA 90022	95-4042883	501C(3)	55,000	0			FAMILY SUPPORT SOCIAL SERVICES
CTR OF INTEGRATED FAMILY & HEALTH SERVICES - 540 EREMLAND, STE. B & C - COVINA, CA 91723	95-4746042	501C(3)	42,978	0			CASE MANAGEMENT SERVICES FOR 0-5 POPULATION
EGGLESTON YOUTH CENTER 13001 RAMONA BLVD. IRWINDALE, CA 91706	95-3124593	501C(3)	47,148	0			THERAPUTIC DAY TREATMENT SERVICES FAMILY SUPPORT SOCIAL SERVICES
HELPLINE YOUTH COUNSELING 12440 E. FIRESTONE BLVD., STE. 1000 NORWALK, CA 90650	23-7113824	501C(3)	88,525	0			THERAPUTIC DAY TREATMENT SERVICES FAMILY SUPPORT SOCIAL SERVICES
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVENUE BELL GARDENS, CA 90201	95-1816054	501C(3)	55,000	0			FAMILY SUPPORT SOCIAL SERVICES
OPTIONS 100 NORTH CITRUS STREET, STE., 300 WEST COVINA, CA 91791	95-3602641	501C(3)	30,000	0			CASE MANAGEMENT SERVICES FOR 0-5 POPULATION

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

7

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

SPIRITT FAMILY SERVICES

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
FOOD, CLOTHING, SHELTER	540	136,719.	0.		FAMILY SUPPORT, SOCIAL SERVICES

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

SCHEDULE I, PART I, LINE 2: SUPPORTING DOCUMENTATION FOR EXPENDITURES AND SERVICES RENDERED TO CLIENTS LIVING IN THE GREATER SAN GABRIEL VALLEY (CALIFORNIA) ARE REVIEWED BEFORE ISSUANCE ASSISTANCE.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▲ Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

SPIRITT FAMILY SERVICES

Employer identification number
95-2852683

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAZA COMMUNITY CENTER, INC. 4018 CITY TERRACE DRIVE LOS ANGELES, CA 90063	95-1691302	501C(3)	55,000.	0.			FAMILY SUPPORT SOCIAL SERVICES.

2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SPIRITT FAMILY SERVICES

Employer identification number

95-2852683

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARE STRENGTH-BASED AND SOLUTION-FOCUSED. SERVICES EMPHASIZE FAMILY INVOLVEMENT TO PRODUCE LONGER AND MORE EFFECTIVE POSITIVE OUTCOMES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

THROUGH INNOVATIVE COMMUNICATION SKILLS TRAINING. BY USING A COMPREHENSIVE APPROACH, WE HOPE TO DRAMATICALLY REDUCE THE IMPACT OF SUBSTANCE ABUSE IN OUR COMMUNITIES.

REVENUE \$1,529,539 SUB-CONTRACTORS \$800 EXPENSES \$1,402,173

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

REUNIFICATION WITH THEIR CHILDREN WHO HAVE BEEN PLACED IN FOSTER CARE.

REVENUE \$1,604,792 SUB-CONTRACTORS \$300,673 EXPENSES \$1,494,280

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS CONSISTS OF YOUTH PROGRAMS FUNDED BY THE DEPARTMENT OF MENTAL HEALTH, COMMUNITY SERVICE BLOCK GRANT PROGRAM, DEPARTMENT OF PROBATION, MONTEBELLO UNIFIED SCHOOL DISTRICT, EAST WHITTIER SCHOOL DISTRICT. DOMESTIC VIOLENCE PROGRAM FOR BATTERERS AND A FATHERHOOD SUPPORT PROGRAM ARE ALSO OFFERED.

EXPENSES \$ 719874. INCLUDING GRANTS OF \$ 0. REVENUE \$ 863342.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE IT IS SUBMITTED TO THE IRS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SPIRITT FAMILY SERVICES

Employer identification number

95-2852683

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST FORM IS PROVIDED TO ALL BOARD MEMBERS ANNUALLY FOR COMPLETION.

FORM 990, PART VI, SECTION B, LINE 15: BOARD APPROVAL AFTER REVIEW OF COMPARABLE DATA

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE AT GUIDSTAR.COM

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
9	FAMILY PRESERVATION SOFTWARE - CHILD ABUSE	070197SL		3.00	16	4,330.			4,330.	4,330.		0.
10	LUCENT TELEPHONE SYSTEM CHILD ABUSE	070197SL		5.00	16	7,484.			7,484.	7,484.		0.
18	VAN	121198SL		5.00	16	23,840.			23,840.	23,840.		0.
22	XEROX - GLENDORA	110899SL		5.00	16	5,462.			5,462.	5,462.		0.
23	DIGITAL PROJECTOR	040300SL		5.00	16	4,102.			4,102.	4,102.		0.
27	PHONE SYSTEM LUCENT	020101SL		3.00	16	2,706.			2,706.	2,706.		0.
29	1990 CHEVY ASTRO VAN #14314	032701SL		5.00	16	1.			1.	1.		0.
30	2 COMPUTERS & 1 PRINTER	022301SL		3.00	16	2,511.			2,511.	2,511.		0.
32	2 COMPUTERS & 3 PRINTERS	052901SL		3.00	16	5,034.			5,034.	5,034.		0.
33	2 COMPUTERS & 1 PRINTER	123100SL		3.00	16	4,992.			4,992.	4,992.		0.
34	DELL SERVER AND MONITOR	062102SL		5.00	16	5,135.			5,135.	5,135.		0.
35	XEROX - FAMILY PRESEVERATION START UP	082102SL		5.00	16	5,726.			5,726.	5,726.		0.
36	4 COMPUTERS - FAMILY PRESEVERATION START UP	082102SL		3.00	16	9,019.			9,019.	9,019.		0.
37	1 COMPUTER - FAMILY PRESEVERATION START UP	112002SL		3.00	16	1,561.			1,561.	1,561.		0.
38	1 SERVER - FAMILY PRESEVERATION START UP	112002SL		5.00	16	4,571.			4,571.	4,571.		0.
39	02 FORD VAN 27540 - FAMILY PRES START UP	123102SL		5.00	16	28,753.			28,753.	28,753.		0.
40	03 FORD VAN 37000 - SERENA	093002SL		5.00	16	29,611.			29,611.	29,611.		0.
41	03 FORD VAN 36995 - SERENA	093002SL		5.00	16	29,611.			29,611.	29,611.		0.

828102 04-25-08

(D) - Asset disposed

* ITC, Sector 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT
 FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
42	XEROX - SERENA	123002	SL	5.00	16	5,726.			5,726.	5,726.		0.
46	XEROX - SOUTH EL MONTE TELEPHONE SYSTEM -	092806	SL	7.00	16	7,185.			7,185.	1,796.		1,026.
47	SOUTH EL MONTE	092806	SL	10.00	16	19,848.			19,848.	3,474.		1,985.
43	LA PUENTE ASSET 147 S 6TH AVE, LA PUENTE	060104	SL	39.00	16	356,536.			356,536.	37,332.		9,142.
44	LAND	060104	L			152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907	SL	15.00	16	16,900.			16,900.	1,221.		1,127.
	* 990 PAGE 10 TOTAL -											
	LA PUENTE ASSET					526,237.		0.	526,237.	38,553.	0.	10,269.
	* GRAND TOTAL 990 PAGE 10 DEPR					733,445.		0.	733,445.	223,998.	0.	13,280.

828102
 04-25-08
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPIRITT FAMILY SERVICES

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
9	FAMILY PRESERVATION SOFTWARE - CHILD ABUSE	070197SL		3.00	16	4,330.			4,330.	4,330.		0.
10	LUCENT TELEPHONE SYSTEM CHILD ABUSE	070197SL		5.00	16	7,484.			7,484.	7,484.		0.
18	VAN	121198SL		5.00	16	23,840.			23,840.	23,840.		0.
22	XEROX - GLENDORA	110899SL		5.00	16	5,462.			5,462.	5,462.		0.
23	DIGITAL PROJECTOR	040300SL		5.00	16	4,102.			4,102.	4,102.		0.
27	PHONE SYSTEM LUCENT	020101SL		3.00	16	2,706.			2,706.	2,706.		0.
29	1990 CHEVY ASTRO VAN #14314	032701SL		5.00	16	1.			1.	1.		0.
30	2 COMPUTERS & 1 PRINTER	022301SL		3.00	16	2,511.			2,511.	2,511.		0.
32	2 COMPUTERS & 3 PRINTERS	052901SL		3.00	16	5,034.			5,034.	5,034.		0.
33	2 COMPUTERS & 1 PRINTER	123100SL		3.00	16	4,992.			4,992.	4,992.		0.
34	DELL SERVER AND MONITOR	062102SL		5.00	16	5,135.			5,135.	5,135.		0.
35	XEROX - FAMILY PRESEVERATION START UP	082102SL		5.00	16	5,726.			5,726.	5,726.		0.
36	4 COMPUTERS - FAMILY PRESEVERATION START UP	082102SL		3.00	16	9,019.			9,019.	9,019.		0.
37	1 COMPUTER - FAMILY PRESEVERATION START UP	112002SL		3.00	16	1,561.			1,561.	1,561.		0.
38	1 SERVER - FAMILY PRESEVERATION START UP	112002SL		5.00	16	4,571.			4,571.	4,571.		0.
39	02 FORD VAN 27540 - FAMILY PRES START UP	123102SL		5.00	16	28,753.			28,753.	28,753.		0.
40	03 FORD VAN 37000 - SERENA	093002SL		5.00	16	29,611.			29,611.	29,611.		0.
41	03 FORD VAN 36995 - SERENA	093002SL		5.00	16	29,611.			29,611.	29,611.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPIRITT FAMILY SERVICES

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
42	XEROX - SERENA	123002SL		5.00	16	5,726.			5,726.	5,726.		0.
46	XEROX - SOUTH EL MONTE TELEPHONE SYSTEM -	092806SL		7.00	16	7,185.			7,185.	1,796.		1,026.
47	SOUTH EL MONTE	092806SL		10.00	16	19,848.			19,848.	3,474.		1,985.
43	LA PUENTE ASSET 147 S 6TH AVE, LA PUENTE	060104SL		39.00	16	356,536.			356,536.	37,332.		9,142.
44	LAND	060104L				152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907SL		15.00	16	16,900.			16,900.	1,221.		1,127.
	* 990 PAGE 10 TOTAL -											
	LA PUENTE ASSET					526,237.		0.	526,237.	38,553.	0.	10,269.
	* GRAND TOTAL 990 PAGE 10 DEPR					733,445.		0.	733,445.	223,998.	0.	13,280.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization SPIRITT FAMILY SERVICES	Employer identification number 95-2852683
	Number, street, and room or suite no. If a P O box, see instructions 13135 BARTON RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WHITTIER, CA 90605	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

• The books are in the care of ▶ **13135 BARTON RD - WHITTIER, CA 90605**
Telephone No. ▶ **562 903-7000** FAX No. ▶ **562 906-7677**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SPIRITT FAMILY SERVICES	Employer identification number 95-2852683
	Number, street, and room or suite no. If a P.O. box, see instructions. 8001 IRVINE CENTER DRIVE, 4TH FLOOR	For IRS use only:
	City, town or post office, state, and ZIP code. For a foreign address, see instructions IRVINE CA 92618	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of **G7 CERTIFIED PUBLIC ACCOUNTANTS, INC. 8001 IRVINE CENTER DRIVE, 4TH FLOOR IRVINE**
Telephone No. **(800)376-8787** FAX No. **(949)419-0977**
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **5/15/2010**

5 For calendar year _____, or other tax year beginning **7/1/2008**, and ending **6/30/2009**

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension. **More time is requested to acquire all information needed to complete and file an accurate return.**

7 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0

Signature and Verification

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

Signature **Stephanie Campos** Title **CPA** Date **1/21/2010**