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Return of Organization Exempt From Income Tax

2009

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 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

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

Please use IRS label or print or type
 See Specific Instructions

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

E Telephone number
 (562) 903-7000

F Name and address of principal officer: ELVIA TORRES
 SAME AS C ABOVE

G Gross receipts \$ 5,357,304.

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)

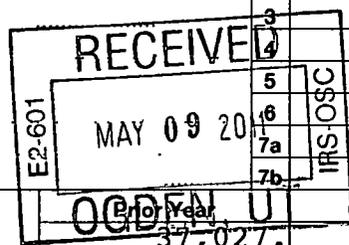
H(c) Group exemption number

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

J Website: WWW.SPIRITT.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation 1972 **M State of legal domicile** CA



Part I Summary		3	9
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>EDUCATIONAL, SOCIAL WELFARE ORGANIZATION</u>		
	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)		9
	4 Number of independent voting members of the governing body (Part VI, line 1b)		9
	5 Total number of employees (Part V, line 2a)		101
	6 Total number of volunteers (estimate if necessary)		0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
b Net unrelated business taxable income from Form 990-T, line 34		0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	37,027.	13,911.
	9 Program service revenue (Part VIII, line 2g)	5,116,751.	5,324,945.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86.	83.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,620.	18,365.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,161,484.	5,357,304.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	529,530.	633,113.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,408,531.	3,588,360.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>8,306.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,164,798.	1,085,889.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,102,859.	5,307,362.
	19 Revenue less expenses. Subtract line 18 from line 12	58,625.	49,942.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,831,727.	End of Year 1,920,728.
	21 Total liabilities (Part X, line 26)	922,547.	1,012,860.
	22 Net assets or fund balances. Subtract line 21 from line 20	909,180.	907,868.

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: *[Signature]* Date: 5/1/11
 ELVIA TORRES, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 4/28/11
 Check if self-employed 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: _____ Phone no: 800 376-8787

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

SCANNED MAY 26 2010

Go 16 23

Part III Statement of Program Service Accomplishments

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?
If "Yes," describe these changes on Schedule O. [] Yes [X] No

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 \$ 1,141,172. including grants of \$) (Revenue \$ 1,229,212.)
ALCOHOL & DRUG ABUSE PREVENTION AND TREATMENT SERVICES ARE PROVIDED IN
GLENDDORA, 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 \$ 1,565,341. including grants of \$) (Revenue \$ 1,707,396.)
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 \$ 1,355,256. including grants of \$) (Revenue \$ 1,449,422.)
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 \$1,449,422 SUB-CONTRACTORS \$283,378

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 820,949. including grants of \$) (Revenue \$ 940,598.)

4e Total program service expenses \$ 4,882,718.

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school 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 United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 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>		X
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>	X	
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>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 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>		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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 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>		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, 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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	1		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	101		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
b 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
b 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:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b 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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c 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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		X
b 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.
 Own website Another's website 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: **ELVIA TORRES - 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. 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, 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 current officer, director, or trustee.

(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.
ISRAEL COBOS 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.
HAROLD SCHIEVE BOARD MEMBER	1.00	X						0.	0.	0.
ROSEMARIE GALLEGOS 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.
LAYLA A. AVILA BOARD MEMBER	1.00	X						0.	0.	0.
IRENE REDONDO-CHURCHWARD EXECUTIVE DIRECTOR	40.00			X	X			106,950.	0.	7,579.
MARY PARRA CONTROLLER	35.00			X				84,417.	0.	13,268.
ELVIA TORRES ASSOCIATE DIRECTOR	40.00			X				96,374.	0.	12,299.

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 8,324.				
	b Membership dues	1b 1,250.				
	c Fundraising events	1c 1,916.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,421.				
	g Noncash contributions included in lines 1a-1f \$	2,121.				
	h Total. Add lines 1a-1f		13,911.			
Program Service Revenue	2 a GOVERNMENT CONTRACT	Business Code 624100	3,669,183.	3,669,183.		
	b 1ST FIVE LA GRANT	624100	1,452,109.	1,452,109.		
	c CLIENT FEES	624100	173,853.	173,853.		
	d RAY CHARLES GRANT	624100	24,000.	24,000.		
	e CHILD ABUSE COUNCIL	624100	5,800.	5,800.		
	f All other program service revenue					
	g Total. Add lines 2a-2f		5,324,945.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83.	83.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	1,600.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	1,600.			
	d Net rental income or (loss)		1,600.	1,600.		
	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	16,765.			
		b Less: direct expenses				
c Net income or (loss) from fundraising events			16,765.		16,765.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	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					
	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. See instructions.		5,357,304.	5,326,628.	0.	16,765.	

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	513,825.	513,825.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	119,288.	119,288.		
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	208,004.		208,004.	
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	2,807,167.	2,689,543.	114,884.	2,740.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	141,484.	134,787.	6,697.	
9 Other employee benefits	177,515.	167,428.	10,087.	
10 Payroll taxes	254,190.	229,600.	24,380.	210.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,750.	17,750.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	97,552.	88,101.	9,451.	
12 Advertising and promotion	236.			236.
13 Office expenses	236,031.	220,232.	14,824.	975.
14 Information technology	82,244.	81,521.	723.	
15 Royalties				
16 Occupancy	377,424.	357,217.	20,207.	
17 Travel	92,796.	89,065.	3,731.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,660.	66,571.		4,089.
20 Interest	19,084.	19,084.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,280.	13,280.		
23 Insurance	40,716.	38,091.	2,625.	
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 STAFF DEVELOPMENT	29,339.	28,558.	725.	56.
b MEMBERSHIP DUES	6,470.	6,470.		
c MISCELLANEOUS	2,307.	2,307.		
d MILEAGE & VAN EXPENSE	0.			
e OUTSIDE SERVICES	0.			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,307,362.	4,882,718.	416,338.	8,306.
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	458,862.	1	486,137.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	781,646.	4	885,311.	
	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	59,398.	9	52,459.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 711,726.			
	b Less: accumulated depreciation	10b 214,905.	531,821.	10c 496,821.	
	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)		1,831,727.	16	1,920,728.	
Liabilities	17 Accounts payable and accrued expenses	392,018.	17	558,422.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	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	305,059.	23	282,407.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	225,470.	25	172,031.	
	26 Total liabilities. Add lines 17 through 25		922,547.	26	1,012,860.
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	927,512.	27	930,670.	
	28 Temporarily restricted net assets	<18,332.>	28	<22,802.>	
	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		909,180.	33	907,868.
	34 Total liabilities and net assets/fund balances		1,831,727.	34	1,920,728.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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.

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 consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3753959.	4752482.	4739201.	4857518.	5072605.	23175765.
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	3753959.	4752482.	4739201.	4857518.	5072605.	23175765.
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						23175765.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3753959.	4752482.	4739201.	4857518.	5072605.	23175765.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	175.	150.	56.	86.	82.	549.
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.	18,681.	146,171.
11 Total support. Add lines 7 through 10						23322485.
12 Gross receipts from related activities, etc. (see instructions)					12	1,392,678.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.37 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.40 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

- ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can 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?		<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.

- 1 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 a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d 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 tax 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? Yes No
- 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 section 170(h)(4)(B)(ii)? Yes No
- 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 acquisition, 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 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	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f 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					
b Contributions					
c Net investment earnings, gains, and 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) Accumulated depreciation	(d) Book value
1a Land		154,922.		154,922.
b Buildings		356,536.	59,091.	297,445.
c Leasehold improvements				
d Equipment				
e Other		200,268.	155,814.	44,454.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				496,821.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,357,304.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,307,362.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	49,942.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<51,253.>
9	Total adjustments (net). Add lines 4 through 8	9	<51,253.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,311.>

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	5,357,304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,357,304.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,357,304.

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

1	Total expenses and losses per audited financial statements	1	5,307,363.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,307,363.
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 must equal Form 990, Part I, line 18.)	5	5,307,363.

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, line 2; 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.

PART XI LINE 8. PRIOR PERIOD ADJUSTMENT

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 NONE	(d) Total events (add col. (a) through col. (c))
		FASION SHOW (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	43,486.		43,486.
	2	Less: Charitable contributions	6,389.		6,389.
	3	Gross income (line 1 minus line 2)	37,097.		37,097.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	12,027.		12,027.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	8,305.		8,305.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(20,332)
11	Net income summary. Combine line 3, column (d), and line 10			16,765.	

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	Noncash 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 line 1, column (d), and line 7				

	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 Enter 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 of the third party:

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 to be 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 United States**

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SPIRITT FAMILY SERVICES

Part I General Information on Grants and Assistance

Employer identification number
95-2852683

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" to 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)	50,000.	0.			FAMILY SUPPORT SOCIAL SERVICES
CTR OF INTEGRATED FAMILY & HEALTH SERVICES - 540 EREMLAND, STE. B & C - COVINA, CA 91723	95-4746042	501C(3)	210,000.	0.			CASE MANAGEMENT SERVICES FOR 0-5 POPULATION.
EGGLESTON YOUTH CENTER 13001 RAMONA BLVD. IRWINDALE, CA 91706	95-3124593	501C(3)	34,285.	0.			THERAPUTIC DAY TREATMENT SERVICES
HELPLINE YOUTH COUNSELING 12440 E. FIRESTONE BLVD., STE. 1000 NORWALK, CA 90650	23-7113824	501C(3)	83,229.	0.			FAMILY SUPPORT SOCIAL SERVICES
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVENUE BELL GARDENS, CA 90201	95-1816054	501C(3)	50,000.	0.			FAMILY SUPPORT SOCIAL SERVICES.
OPTIONS 100 NORTH CITRUS STREET, STE., 300 WEST COVINA, CA 91791	95-3602641	501C(3)	18,180.	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) 2009

SPIRITT FAMILY SERVICES

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 Part IV and 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	885	119,288.	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.

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 United States (Schedule I (Form 990), Part II).

(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
PLAZA COMMUNITY CENTER, INC. 4018 CITY TERRACE DRIVE LOS ANGELES, CA 90063	95-1691302	501C(3)	50,720.	0.			FAMILY SUPPORT SOCIAL SERVICES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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 \$1,229,212 SUB-CONTRACTORS \$800 EXPENSES \$1,141,172

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

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

REVENUE \$1,707,396 SUB-CONTRACTORS \$268,235 EXPENSES \$1,565,341

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPENSES \$1,355,256

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 \$ 820949. INCLUDING GRANTS OF \$ 0. REVENUE \$ 940598.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SPIRITT FAMILY SERVICES

Employer identification number

95-2852683

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE FINANCE
COMMITTEE BEFORE IT IS SUBMITTED TO THE IRS.

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 GUIDESTAR.COM
PROCEDURE HAS NOT CHANGED FROM LAST YEAR.

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
9	FAMILY PRESERVATION SOFTWARE - CHILD A	070197SL	SL	3.00	16	4,330.			4,330.	4,330.		0.
10	LUCENT TELEPHONE SYSTEM CHILD ABUSE	070197SL	SL	5.00	16	7,484.			7,484.	7,484.		0.
18	(D) VAN	121198SL	SL	5.00	16	23,840.			23,840.	23,840.		0.
22	XEROX - GLENDORA	110899SL	SL	5.00	16	5,462.			5,462.	5,462.		0.
23	DIGITAL PROJECTOR	040300SL	SL	5.00	16	4,102.			4,102.	4,102.		0.
27	PHONE SYSTEM LUCENT	020101SL	SL	3.00	16	2,706.			2,706.	2,706.		0.
29	VAN #14314	032701SL	SL	5.00	16	1.			1.	1.		0.
30	2 COMPUTERS & 1 PRINTER	022301SL	SL	3.00	16	2,511.			2,511.	2,511.		0.
32	2 COMPUTERS & 3 PRINTERS	052901SL	SL	3.00	16	5,034.			5,034.	5,034.		0.
33	2 COMPUTERS & 1 PRINTER	123100SL	SL	3.00	16	4,992.			4,992.	4,992.		0.
34	DELL SERVER AND MONITOR	062102SL	SL	5.00	16	5,135.			5,135.	5,135.		0.
35	XEROX - FAMILY PRESERVATION START	082102SL	SL	5.00	16	5,726.			5,726.	5,726.		0.
36	4 COMPUTERS - FAMILY PRESERVATION	082102SL	SL	3.00	16	9,019.			9,019.	9,019.		0.
37	1 COMPUTER - FAMILY PRESERVATION STAR	112002SL	SL	3.00	16	1,561.			1,561.	1,561.		0.
38	1 SERVER - FAMILY PRESERVATION START	112002SL	SL	5.00	16	4,571.			4,571.	4,571.		0.
39	02 FORD VAN 27540 - FAMILY PRES START	123102SL	SL	5.00	16	28,753.			28,753.	28,753.		0.
40	03 FORD VAN 37000 - SERENA	093002SL	SL	5.00	16	29,611.			29,611.	29,611.		0.
41	03 FORD VAN 36995 - SERENA	093002SL	SL	5.00	16	29,611.			29,611.	29,611.		0.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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	092806	SL	7.00	16	7,185.			7,185.	2,822.		1,026.
47	TELEPHONE SYSTEM - SOUTH EL MONTE	092806	SL	10.00	16	19,848.			19,848.	5,459.		1,985.
49	DONATED LAND	120109	L			2,121.			2,121.			0.
43	LA PUENTE ASSET 147 S 6TH AVE, LA PUENTE	060104	SL	39.00	16	356,536.			356,536.	46,474.		9,142.
44	LAND	060104	L			152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907	SL	15.00	16	16,900.			16,900.	2,348.		1,127.
	* 990 PAGE 10 TOTAL					526,237.		0.	526,237.	48,822.	0.	10,269.
	- LA PUENTE ASSET					735,566.		0.	735,566.	237,278.	0.	13,280.
	* GRAND TOTAL 990 PAGE 10 DEPR											

• 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 <small>File by the extended due date for filing your return See instructions</small>	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	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 **▶ ELVIA TORRES - 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 is for.

4 I request an additional 3-month extension of time until **MAY 15, 2011**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

6 If the tax year entered in line 5 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 _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, 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 **▶** _____ Title **▶ CPA** Date **▶** _____

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

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

Type or print File by the extended 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. 8001 IRVINE CENTER DRIVE, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. IRVINE, CA 92618	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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**
 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 MAY 15, 20 11.

5 For calendar year 10, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS REQUIRED TO OBTAIN THE NECESSARY DOCUMENTS IN ORDER TO COMPILE AND FILE AN ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.00
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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.00

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 *Raymond Caputo* Title CPA Date 2/7/11
 Form **8868** (Rev. 1-2011)

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 A	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	(D) 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	082102SL		5.00	16	5,726.			5,726.	5,726.		0.
36	4 COMPUTERS - FAMILY PRESEVERATION	082102SL		3.00	16	9,019.			9,019.	9,019.		0.
37	1 COMPUTER - FAMILY PRESEVERATION STAR	112002SL		3.00	16	1,561.			1,561.	1,561.		0.
38	1 SERVER - FAMILY PRESEVERATION START	112002SL		5.00	16	4,571.			4,571.	4,571.		0.
39	02 FORD VAN 27540 - FAMILY PRES START	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.

2009 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	123002	SL	5.00	16	5,726.			5,726.	5,726.		0.
46	XEROX - SOUTH EL MONTE	092806	SL	7.00	16	7,185.			7,185.	2,822.		1,026.
47	TELEPHONE SYSTEM - SOUTH EL MONTE	092806	SL	10.00	16	19,848.			19,848.	5,459.		1,985.
49	DONATED LAND	120109	L			2,121.			2,121.			0.
43	LA PUENTE ASSET 147 S 6TH AVE, LA PUENTE	060104	SL	39.00	16	356,536.			356,536.	46,474.		9,142.
44	LAND	060104	L			152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907	SL	15.00	16	16,900.			16,900.	2,348.		1,127.
	* 990 PAGE 10 TOTAL					526,237.		0.	526,237.	48,822.	0.	10,269.
	- LA PUENTE ASSET					735,566.		0.	735,566.	237,278.	0.	13,280.
	* GRAND TOTAL 990 PAGE 10 DEPR											