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

OMB No 1545-0047

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

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

E Telephone number: **(562) 903-7000**

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

G Gross receipts \$: **4,774,486.**

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)

I Tax-exempt status: 501(c)(3) 501(c) () (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

Activities & Governance	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 net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	89	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	13,911.	39,169.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,324,945.	4,732,610.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83.	128.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,365.	2,579.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,357,304.	4,774,486.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	633,113.	405,287.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	3,588,360.	3,300,884.	
16b		Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,085,889.	1,113,406.	
	18	Total expenses. Add lines 16a-17 (must equal Part IX, column (A), line 25)	5,307,362.	4,819,577.	
	19	Revenue less expenses. Subtract line 18 from line 12	49,942.	<45,091.>	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	1,920,728.	1,627,005.
		22	Net assets or fund balances. Subtract line 21 from line 20	1,012,860.	764,228.
				907,868.	862,777.

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: **4/5/2012**
ELVIA TORRES, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **BASILIO A NUNEZ, CPA/MBA** Preparer's signature: *[Signature]* Date: **4/3/12** Check if self-employed: PTIN: _____
 Firm's name: **G7 CERTIFIED PUBLIC ACCOUNTANTS, INC.** Firm's EIN: _____
 Firm's address: **8001 IRVINE CENTER DRIVE, 4TH FLOOR IRVINE, CA 92618** Phone no: **800 376-8787**

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

SCANNED MAY 10 2012

RECEIVED
APR 10 2012
ODDEN, UT

9-16 6

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission: 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.

4a (Code:) (Expenses \$ 1,054,601. including grants of \$) (Revenue \$ 1,139,959.) 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 \$ 1,498,352. including grants of \$) (Revenue \$ 1,650,129.) 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 \$ 1,069,824. including grants of \$) (Revenue \$ 1,174,366.) 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 \$1,174,366 SUB-CONTRACTORS \$114,258

4d Other program services. (Describe in Schedule O.) (Expenses \$ 722,137. including grants of \$) (Revenue \$ 807,453.)

4e Total program service expenses 4,344,914.

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		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
b 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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	a The governing body?	X	
8b	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
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b 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	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, 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	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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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.	
BAORIM COLEMAN, ED.D., MBA BOARD MEMBER	1.00	X					0.	0.	0.	
MARY PARRA CONTROLLER	35.00			X			87,683.	0.	12,242.	
ELVIA TORRES EXECUTIVE DIRECTOR	40.00			X	X		121,694.	0.	13,392.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
1b Sub-total							209,377.	0.	25,634.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							209,377.	0.	25,634.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

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	37,569.					
	b Membership dues	1b	1,500.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	100.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			39,169.				
	Program Service Revenue	2 a GOVERNMENT CONTRACT	Business Code	624100	3,434,603.	3,434,603.		
b 1ST FIVE LA GRANT			624100	1,153,985.	1,153,985.			
c CLIENT FEES			624100	138,762.	138,762.			
d CHILD ABUSE COUNCIL			624100	5,260.	5,260.			
e								
f All other program service revenue								
g Total. Add lines 2a-2f				4,732,610.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			128.	128.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	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		2,579.				
		b Less: direct expenses		0.				
		c Net income or (loss) from fundraising events			2,579.			2,579.
	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				4,774,486.	4,732,738.	0.	2,579.	

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	314,380.	314,380.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	90,907.	90,907.		
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	220,543.		220,543.	
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	2,634,670.	2,496,945.	137,725.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	203,468.	191,152.	12,316.	
10 Payroll taxes	242,203.	215,044.	27,159.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	20,950.	20,950.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	102,103.	92,395.	9,708.	
12 Advertising and promotion				
13 Office expenses	219,274.	199,176.	20,098.	
14 Information technology	65,777.	64,637.	1,140.	
15 Royalties				
16 Occupancy	379,255.	338,022.	41,233.	
17 Travel	75,886.	75,886.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	83,526.	83,526.		
20 Interest	17,644.	17,644.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,280.	13,280.		
23 Insurance	35,135.	31,951.	3,184.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a STAFF DEVELOPMENT	80,485.	79,111.	1,374.	
b MEMBERSHIP DUES	18,244.	18,094.	150.	
c MISCELLANEOUS	1,847.	1,814.	33.	
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	4,819,577.	4,344,914.	474,663.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	486,137.	1	386,468.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	885,311.	4	728,163.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,459.	9	28,832.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 711,726.		
	b Less: accumulated depreciation	10b 228,184.	496,821.	10c 483,542.
	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)	1,920,728.	16	1,627,005.	
Liabilities	17 Accounts payable and accrued expenses	558,422.	17	338,277.
	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	282,407.	23	258,238.
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities. Complete Part X of Schedule D	172,031.	25	167,713.	
26 Total liabilities. Add lines 17 through 25	1,012,860.	26	764,228.	
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	930,670.	27	923,937.
	28 Temporarily restricted net assets	<22,802.>	28	<61,160.>
	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	907,868.	33	862,777.
	34 Total liabilities and net assets/fund balances	1,920,728.	34	1,627,005.

Form 990 (2010)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,774,486.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,819,577.
3	Revenue less expenses. Subtract line 2 from line 1	3	<45,091.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	907,868.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	862,777.

Part XII Financial Statements and Reporting

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

- 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 separate basis, consolidated 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 (2010)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4752482.	4739201.	4857518.	5072605.	4560772.	23982578.
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	4752482.	4739201.	4857518.	5072605.	4560772.	23982578.
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						23982578.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4752482.	4739201.	4857518.	5072605.	4560772.	23982578.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150.	56.	86.	82.	128.	502.
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.	2,579.	148,750.
11 Total support. Add lines 7 through 10						24131830.
12 Gross receipts from related activities, etc. (see instructions)					12	1,310,139.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.38 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.37 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

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.

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.

- 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 education)	<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	
- 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	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, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c	
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 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.	64,758.	291,778.
c Leasehold improvements				
d Equipment				
e Other		200,268.	163,426.	36,842.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				483,542.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO COUNTY	11,814.
(3) UNEARNED CONTRACT REVENUE	155,899.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
	167,713.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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	4,774,486.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,819,577.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<45,091.>
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	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<45,091.>

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	4,774,486.
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	4,774,486.
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	4,774,486.

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

1	Total expenses and losses per audited financial statements	1	4,819,577.
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	4,819,577.
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	4,819,577.

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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FASHION SHOW			(add col. (a) through col. (c))	
Revenue		(event type)	(event type)	(total number)		
1	Gross receipts					
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				()
	11	Net income summary. Combine line 3, column (d), and line 10				()

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				()

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? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2010

Open to Public
Inspection

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

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. 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. Part II can be duplicated 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)	43,000.	0.			FAMILY SUPPORT SOCIAL SERVICES
CTR OF INTEGRATED FAMILY & HEALTH SERVICES - 540 EREMLAND, STE. B & C - COVINA, CA 91723	95-4746042	501C(3)	6,000.	0.			CASE MANAGEMENT SERVICES FOR 0-5 POPULATION.
EGGLESTON YOUTH CENTER 13001 RAMONA BLVD. IRWINDALE, CA 91706	95-3124593	501C(3)	37,884.	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)	76,839.	0.			THERAPUTIC DAY TREATMENT SERVICES.
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVENUE BELL GARDENS, CA 90201	95-1816054	501C(3)	43,000.	0.			FAMILY SUPPORT SOCIAL SERVICES.
OPTIONS 100 NORTH CITRUS STREET, STE., 300 WEST COVINA, CA 91791	95-3602641	501C(3)	20,055.	0.			CASE MANAGEMENT SERVICES FOR 0-5 POPULATION.

2 Enter total number of section 501(c)(3) and government organizations: **7.**

3 Enter total number of other organizations: **7.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

SPIRITT FAMILY SERVICES

Part II 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)	43,000.	0.			FAMILY SUPPORT SOCIAL SERVICES.

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. Part III can be duplicated 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	750	90,907.	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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 \$1,139,959 SUB-CONTRACTORS \$3,168 EXPENSES \$1,054,601

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

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

REVENUE \$1,650,129 SUB-CONTRACTORS \$243,723 EXPENSES \$1,498,352

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

EXPENSES \$1,069,824

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 \$ 722,137. INCLUDING GRANTS OF \$ 0. REVENUE \$ 807,453.

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.

2010 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
46	XEROX - SOUTH EL MONTE	092806SL		7.00	16	7,185.			7,185.	3,848.		1,026.
47	TELEPHONE SYSTEM -- SOUTH EL MONTE	092806SL		10.00	16	19,848.			19,848.	7,444.		1,985.
49	DONATED LAND	120109L				2,121.			2,121.			0.
43	LA PUENTE ASSET 147 S 6TH AVE, LA PUENTE	060104SL		39.00	16	356,536.			356,536.	55,616.		9,142.
44	LAND	060104L				152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907SL		15.00	16	16,900.			16,900.	3,475.		1,127.
	* 990 PAGE 10 TOTAL					526,237.		0.	526,237.	59,091.	0.	10,269.
	* LA PUENTE ASSET					711,726.		0.	711,726.	226,718.	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 **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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions SPIRITT FAMILY SERVICES	Employer identification number (EIN) or <input type="checkbox"/> 95-2852683
	Number, street, and room or suite no. If a P.O. box, see instructions. 8001 IRVINE CENTER DRIVE, 4TH FLOOR	Social security number (SSN) <input type="checkbox"/>
	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	01	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.

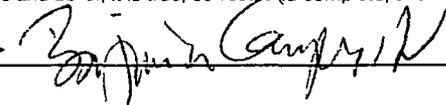
- The books are in the care of ► G7 CERTIFIED PUBLIC ACCOUNTANTS, INC
Telephone No ► 800-376-8787 FAX No ► 949-419-0977
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption 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

- I request an additional 3-month extension of time until MAY 15, 20 12.
- For calendar year _____, or other tax year beginning JULY 1, 20 10, and ending JUNE 30, 20 11.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension MORE TIME IS REQUESTED TO ACQUIRE ALL INFORMATION NEEDED TO COMPLETE 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	\$	
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 must be completed for Part II only.

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 ► 2/10/12

2010 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		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.
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 START	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.
42	XEROX - SERENA	123002SL		5.00	16	5,726.			5,726.	5,726.		0.

025102 06-01-10

(D) - Asset disposed

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

- 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 your return See instructions	Name of exempt organization	Employer identification number	
	SPIRITT FAMILY SERVICES	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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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.

ELVIA TORRES

- 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 is for.
- 4 I request an additional 3-month extension of time until MAY 15, 2012.
- 5 For calendar year _____, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.
- 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 _____

2010 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	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.
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	1990 CHEVY ASTRO 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 PRESEVERATION START	082102SL	SL	5.00	16	5,726.			5,726.	5,726.		0.
36	4 COMPUTERS -- FAMILY PRESEVERATION START	082102SL	SL	3.00	16	9,019.			9,019.	9,019.		0.
37	1 COMPUTER - FAMILY PRESEVERATION STAR	112002SL	SL	3.00	16	1,561.			1,561.	1,561.		0.
38	1 SERVER - FAMILY PRESEVERATION 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.
42	XEROX - SERENA	123002SL	SL	5.00	16	5,726.			5,726.	5,726.		0.

028102 06-01-10 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 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
46	XEROX - SOUTH EL MONTE	092806SL		7.00	16	7,185.			7,185.	3,848.		1,026.
47	TELEPHONE SYSTEM -- SOUTH EL MONTE	092806SL		10.00	16	19,848.			19,848.	7,444.		1,985.
49	DONATED LAND	120109L				2,121.			2,121.			0.
43	LA PUENTE ASSET 147 S 6TH AVE, LA PUENTE	060104SL		39.00	16	356,536.			356,536.	55,616.		9,142.
44	LAND	060104L				152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907SL		15.00	16	16,900.			16,900.	3,475.		1,127.
	* 990 PAGE 10 TOTAL											
	- LA PUENTE ASSET					526,237.		0.	526,237.	59,091.	0.	10,269.
	* GRAND TOTAL 990 PAGE 10 DEPR					711,726.		0.	711,726.	226,718.	0.	13,280.

(D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction