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

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASPIRANET Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 400 OYSTER POINT BLVD City or town, state or country, and ZIP + 4 SOUTH SAN FRANCISCO, CA 94080	D Employer identification number 94-2442955 E Telephone number (650) 866-4080 G Gross receipts \$ 49,124,635
F Name and address of principal officer		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ASPIRANET.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1975 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities TAKE COLLECTIVE ACTION TO SUPPORT COMMUNITIES AND FAMILIES AS THEY LOVE AND CARE FOR CHILDREN			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3		8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		1,389
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		763,859
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	49,325,501		46,602,026
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	271,456		300,928
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,556		134,873
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	796,590		1,484,980
		50,492,103		48,522,807
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,819,129		7,296,958
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30,493,902		29,346,370
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶159,170			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,575,297		12,291,770
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	50,888,328		48,935,098
	19 Revenue less expenses Subtract line 18 from line 12	-396,225		-412,291
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	18,431,694		17,689,345
	21 Total liabilities (Part X, line 26)	8,196,934		6,882,670
	22 Net assets or fund balances Subtract line 21 from line 20	10,234,760		10,806,675

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	2013-05-10 Date
	VERNON BROWN CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ Kevin R Gilmore CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GILMORE & ASSOCIATES 177 BOVET RD STE 550 SAN MATEO, CA 944023116			EIN ▶ Phone no ▶ (650) 432-6110

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TAKE COLLECTIVE ACTION TO SUPPORT COMMUNITIES AND FAMILIES AS THEY LOVE AND CARE FOR CHILDREN

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 23,407,682 including grants of \$) (Revenue \$)

THE ASPIRA PROGRAM PROVIDES PLACEMENT AND SUPERVISION OF COURT WARD CHILDREN IN FOSTER HOMES, INCLUDING TRAINING FOR FOSTER PARENTS ASPIRA SERVES 1,821 CHILDREN EACH YEAR IN OVER 360 FOSTER FAMILIES THROUGHOUT CALIFORNIA ASPIRA ALSO PROVIDES WRAPAROUND MENTAL HEALTH SERVICES TO CHILDREN IN OUT-OF-HOME CARE AND THEIR FAMILIES ASPIRA ALSO FACILITATES ADOPTION PLACEMENTS FOR CHILDREN IN FOSTER CARE IN NEED OF PERMANENT ADOPTIVE FAMILIES, AND HAS PROVIDED HUNDREDS OF CHILDREN WITH PERMANENT FAMILIES EACH YEAR ASPIRANET PROVIDED 274,474 DAYS OF CARE IN THE YEAR ENDED JUNE 30, 2012

4b (Code) (Expenses \$ 5,733,789 including grants of \$) (Revenue \$)

THE EXCELL PROGRAM OPERATES TWO RESIDENTIAL TREATMENT FACILITIES (EXCELL CENTER IN TURLOCK, CA AND EXCELL READINESS IN SAN MATEO, CA) WHICH HELP YOUTH AGES 10-17 WITH BEHAVIOR AND EMOTIONAL PROBLEMS TO BECOME RESPONSIBLE CITIZENS THE CENTERS HAVE A LICENSED CAPACITY OF 60 RESIDENTS AND SERVED APPROXIMATELY 151 YOUTH FOR THE YEAR ENDED JUNE 30, 2012 EXCELL ALSO OPERATES TWO STATE DEPARTMENT OF EDUCATION CERTIFIED NON-PUBLIC SCHOOLS FOR STUDENTS WITH SEVERE EMOTIONAL DISTURBANCES AND/OR LEARNING DISABILITIES THE SCHOOLS ARE VALLEY OAKS SCHOOL FOR DYSLEXIA AND STANISLAUS ACADEMY THE TWO SCHOOLS SERVED 151 CHILDREN FOR THE YEAR ENDED JUNE 30, 2012

4c (Code) (Expenses \$ 5,733,221 including grants of \$) (Revenue \$)

THE AFTERSCHOOL CHILD AND YOUTH DEVELOPMENT PROGRAM PROVIDES AFTER-SCHOOL SERVICES FOR BOTH THE SAN FRANCISCO AND OAKLAND UNIFIED SCHOOL DISTRICTS AT VARIOUS SCHOOLS AND AT A COMMUNITY CENTER AT 3925 NORIEGA ST IN SAN FRANCISCO THE PROGRAM PROVIDES A BALANCE OF ACDMIC SUPPORT, ENRICHMENT, AND FITNESS ACTIVITIES THAT COMPLEMENT WHAT CHILDREN LEARN IN SCHOOL THE PROGRAM PROVIDES A SAFE PLACE WITH CARING ADULTS IN COLLABORATION WITH COMMUNITY ORGANIZATIONS, THE SCHOOL DISTRICTS, EDUCATORS, AND VOLUNTEER GROUPS

4d Other program services (Describe in Schedule O)
(Expenses \$ 8,877,709 including grants of \$) (Revenue \$ 300,928)

4e Total program service expenses \$ 43,752,401

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL RISLEY Member	2 00	X						0	0	0
(2) KARI STURGEON MEMBER	2 00	X						0	0	0
(3) GRANVILLE WRIGHT Member	2 00	X						0	0	0
(4) STEVEN WEATHERBEE MEMBER	2 00	X						0	0	0
(5) DENNIS BARRY Treasurer	2 00	X		X				0	0	0
(6) JOSEPH NUNN Vice President	2 00	X		X				0	0	0
(7) TIMOTHY TALLY Secretary	2 00	X		X				0	0	0
(8) JAMES A SPRIFKE President	2 00	X		X				0	0	0
(9) VERNON MCFARLAND-BROWN CEO	40 00	X		X				243,083	0	31,362
(10) JOHN REIBER CFO	40 00			X				154,463	0	14,580
(11) MICHAEL FUNK DIR POLICIES	40 00				X			103,154	0	3,086
(12) LAUREEN WALSH-BARRINGER BAY REG ADMIN	40 00				X			130,138	0	5,942
(13) JEANNIE IMELIO C VLY REG ADMIN	40 00				X			131,412	0	1,001
(14) HOLLY THAUWALD HR DIRECTOR	40 00				X			120,806	0	4,231
(15) CHRISTOPHER ESSARY REG DIRECTOR	40 00				X			126,363	0	5,755

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

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

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like GILMORE & ASSOCIATES and DBW MEDIA INC.

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	45,727,251				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	874,775				
	g	Noncash contributions included in lines 1a-1f \$ ^{6,034}					
	h	Total. Add lines 1a-1f ▶	46,602,026				
Program Service Revenue	2a	PRIVATE PATIENT FEES	624100	300,928	300,928		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		300,928			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		79,482		79,482	
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties ▶		0			
	6a		(i) Real				
			(ii) Personal				
		b	Gross rents				
		c	Less rental expenses				
	d	Net rental income or (loss) ▶		0			
	7a		(i) Securities	657,219			
			(ii) Other				
		b	Less cost or other basis and sales expenses	601,828			
		c	Gain or (loss)	55,391			
	d	Net gain or (loss) ▶		55,391		55,391	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events . . ▶		0				
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶		0				
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶		0				
	Miscellaneous Revenue	Business Code					
11a	RIGHT OF USE FEES	533110	204,000			204,000	
b	MISC IN ORD COURSE OF BUS	624100	517,121	517,121			
c	LEASED EMPLOYEES	561300	319,796		319,796		
d	All other revenue		444,063		444,063		
e	Total. Add lines 11a-11d ▶		1,484,980				
12	Total revenue. See Instructions ▶		48,522,807	818,049	763,859	338,873	

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	7,296,958	7,296,958		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	420,456		420,456	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	24,209,069	22,827,758	1,381,311	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	173,257	163,463	9,794	
9	Other employee benefits	2,728,776	2,488,190	240,586	
10	Payroll taxes	1,814,812	1,687,992	126,820	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	17,032		17,032	
g	Other	2,891,538	2,271,028	618,580	1,930
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,380,287	3,048,315	329,429	2,543
17	Travel	1,232,390	1,191,118	40,428	844
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	85,381	79,753	5,608	20
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	328,743	265,166	63,499	78
23	Insurance	0			
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	RECRUITING	317,120	304,470	11,339	1,311
b	TELEPHONE/COMMUNICATION	564,470	489,878	74,456	136
c	CHILD RELATED EXPENSES	951,850	942,318		9,532
d	COMPUTER AND ADMINISTRATIVE	1,826,234	334,631	1,487,764	3,839
e					
f	All other expenses	696,725	361,363	196,425	138,937
25	Total functional expenses. Add lines 1 through 24f	48,935,098	43,752,401	5,023,527	159,170
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,340,865	1	3,031,147
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	9,521,799	4	8,208,992
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	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	0
	7 Notes and loans receivable, net	96,579	7	119,550
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	410,050	9	382,008
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,373,484		
	b Less accumulated depreciation	4,495,505	10c	2,877,979
	11 Investments—publicly traded securities	2,771,235	11	2,691,210
	12 Investments—other securities See Part IV, line 11	-18,037	12	220,816
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets	62,157	14	48,514
	15 Other assets See Part IV, line 11	182,245	15	109,129
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,431,694	16	17,689,345	
Liabilities	17 Accounts payable and accrued expenses	5,857,096	17	4,907,397
	18 Grants payable		18	
	19 Deferred revenue	291,411	19	367,036
	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	1,841,102	23	1,546,285
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	207,325	25	61,952
26 Total liabilities. Add lines 17 through 25	8,196,934	26	6,882,670	
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	9,693,286	27	10,289,285
	28 Temporarily restricted net assets	541,474	28	517,390
	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	10,234,760	33	10,806,675	
34 Total liabilities and net assets/fund balances	18,431,694	34	17,689,345	

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	48,522,807
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,935,098
3	Revenue less expenses Subtract line 2 from line 1	3	-412,291
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,234,760
5	Other changes in net assets or fund balances (explain in Schedule O)	5	984,206
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,806,675

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ASPIRANET

Employer identification number

94-2442955

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

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

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

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	38,527,945	42,474,530	45,848,605	49,325,501	46,602,026	222,778,607
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	38,527,945	42,474,530	45,848,605	49,325,501	46,602,026	222,778,607
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)						0
6 Public Support. Subtract line 5 from line 4						222,778,607

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	38,527,945	42,474,530	45,848,605	49,325,501	46,602,026	222,778,607
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	297,607	92,550	82,247	88,439	79,482	640,325
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,964	85,487			235,601	325,052
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	200,000	200,000	200,000	204,000	204,000	1,008,000
11 Total support (Add lines 7 through 10)						224,751,984
12 Gross receipts from related activities, etc (See instructions)					12	1,752,599

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.120 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.060 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ASPIRANET

Employer identification number 94-2442955

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		910,092		910,092
b Buildings		3,111,208	1,737,355	1,373,853
c Leasehold improvements		752,772	651,312	101,460
d Equipment		2,596,537	2,106,838	489,699
e Other		2,875		2,875
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,877,979

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
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	
3	Subtract line 2e from line 1	3	
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	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

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

1	Total expenses and losses per audited financial statements	1	
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	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain Management has considered its tax positions and believes that all of the positions taken in the Organization's federal and state exempt organization and business income returns and returns filed by its subsidiaries are more likely than not to be sustained upon examination The Organization's returns for years ended June 30, 2011, 2010 and 2009 are subject to examination by federal and state taxing authorities, generally for three years after they are filed
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	MISC BOOK/TAX DIFFERENCES - SUBSIDIARIES \$0 Altruit K-1 Sec 179 expense \$5376 ALTRUIT ADJ-SICK TIME DEDUCTED PRIOR YEARS \$44020 NON DEDUCTIBLE EXPENSES - K1S \$ -656 MISC BOOK/TAX DIFFERENCES - SUBSIDIARIES \$ -45484

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FOSTER CARE PAYMENTS TO INDIVIDUAL FAMILIES	1102	7,300,172			

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		THE ORGANIZATION DOES NOT MAKE GRANTS
Additional Supplemental Information		THE ORGANIZATION MAKES PAYMENTS TO INDIVIDUAL FOSTER CARE FAMILIES, WHICH IT REPORTS ON FORM 990 PART IX LINE 2, WITH A SMALL AMOUNT ALLOCATED TO FUNDRAISING ON PART IX LINE 24 F PAYMENT AMOUNTS ARE DETERMINED BY THE STATE OF CALIFORNIA THE ORGANIZATION MAKES PAYMENTS TO HOST FAMILIES OF EMANCIPATED FOSTER YOUTH THROUGH THE TRANSITIONAL HOUSING PROGRAM PLUS PAYMENT AMOUNTS ARE DETERMINED BY COUNTY AGENCIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
ASPIRANET

Employer identification number
94-2442955

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- First-class or charter travel
 - Travel for companions
 - Tax idemnification and gross-up payments
 - Discretionary spending account
 - Housing allowance or residence for personal use
 - Payments for business use of personal residence
 - Health or social club dues or initiation fees
 - Personal services (e g , maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		No

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ASPIRANET

Employer identification number

94-2442955

Identifier	Return Reference	Explanation
	SCHEDULE R PART V LINE IA	THE ORGANIZATION RECEIVED \$204,000 IN FEES FOR THE RIGHT TO USE ITS COMMUNICATION NETWORK, FROM ALTRUIT 2 0 INC THESE FEES ARE CONSIDERED ROYALTIES, AS THE NINTH CIRCUIT HAS DEFINED ROYALTIES AS PAYMENT FOR THE RIGHT TO USE INTANGIBLE PROPERTY
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST THE 990 IS ALSO AVAILABLE ON GUIDESTAR ORG AND ON THE CALIFORNIA REGISTRY OF CHARITABLE TRUSTS WEBSITE
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE OTHER OFFICERS' COMPENSATION IS REVIEWED BY THE CEO, HR DIRECTOR, AND THE BOARD OF DIRECTORS
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	EMPLOYEE CONFLICT OF INTEREST POLICIES ARE EXPLAINED AT HIRE, AND ARE INCLUDED IN THE EMPLOYEE HANDBOOK POLICIES ARE MONITORED BY EMPLOYEE SUPERVISORS
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE CFO AND ACCOUNTING MANAGER REVIEW THE PREPARED FORM 990 AGAINST AUDITED FINANCIALS FINAL REVIEW PRIOR TO CEO SIGNOFF IS CONDUCTED WITH CFO AND CEO
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 BEHAVIORAL HEALTH SERVICES INCLUDING OUTPATIENT THERAPY, COUNSELING SUPPORT, PSYCHIATRIC SERVICES AND EDUCATIONAL PROGRAMS TO HELP CHILDREN, PARENTS AND FAMILIES COPE WHEN FACED WITH EMOTIONAL CHALLENGES OUR BEHAVIORAL HEALTH AND COUNSELING SERVICE PROVIDERS AID OVER 800 INDIVIDUALS AND FAMILIES EACH YEAR AND PARTNER WITH DOZENS OF CITY, COUNTY, AND COMMUNITY HEALTH CARE PROVIDERS TO REACH AS MANY PEOPLE AS POSSIBLE OTHER PROGRAM SERVICES 5 OTHER PROGRAM SERVICES 6 INDIRECT COSTS ALLOCATED TO PROGRAMS, INCLUDING PAYROLL TAXES, BENEFITS AND INSURANCE, TOTALLING \$571,885

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ASPIRANET

Employer identification number
94-2442955

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ALTRUIT 20 INC 700 NORTH BRAND BLVD STE 240 GLENDALE, CA 91203 27-2825179	SOFTWARE DEV	CA	N/A	S CORP	171,224	495,415	100 000 %
(2) ASPIRA WELLNESS & ED CTR 400 OYSTER POINT BLVD STE 501 S SAN FRANCISCO, CA 94080 20-1867188	MENTAL HEALTH SERVICES	CA	N/A	S CORP	69,753	225,305	100 000 %

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

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

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

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

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

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

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

Software ID: 11000144
Software Version: 2011v1.5
EIN: 94-2442955
Name: ASPIRANET

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) ALTRUIT 20 INC	q	6,949	CASH ADVANCED
(2) ALTRUIT 20 INC	l	1,249,500	PER CONTRACT
(3) ALTRUIT 20 INC	a	206,737	PER AGREEMENTS
(4) ASPIRA WELLNESS & ED CTR	p	179,086	AMS PD PER AGR
(5) ASPIRA WELLNESS & ED CTR	n	319,796	AMTS PD PER AGR
(6) ASPIRA WELLNESS & ED CTR	l	748,440	AMTS PD PER AGR
(7) ASPIRA WELLNESS & ED CTR	k	24,000	AMT PD PER AGRE

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 Revenue by programs FYE 6/30/2012
 Schedule B Government contributors

Sum of Revenue 11/12	Description	Grant Name	Total
4110	Wage Party	SMGH/ Excell Readiness/Tower House/Wage Party	(166,680 00)
4110 Total			(166,680 00)
4121	WRAP Revenue	Bay Area - Monterey Action Council - Family Behavioral Intervention Central Valley - Merced Wrap Supplemental Services Central Valley - Stanislaus Wrap MH - Stanislaus Wrap MH SPS - Kern Co (Bakersfield) Wrap SPS - Merced Wrap SPS - Merced Wrap Supplemental Services SPS - Stanislaus Intensive Family Maintenance Wrap Services SPS - Stanislaus Wrap	(19,207 00) 6,875 14 (173 09) (9,894 75) (2,597,483 09) 35,491 75 (664,495 39) (87,741 50) (1,961 23) (283,333 32) (3,621,922 48)
4121 Total			(1,816 65)
4122	WRAP MH Revenue	Central Valley - Merced Wrap MH SPS - Merced Wrap MH SPS - Stanislaus Wrap MH	(782,350 04) (461,342 14) (1,245,508 83)
4122 Total			(1,245,508 83)
4123	WRAP AAP Revenue	Central Valley - Merced Wrap AAP SPS - Kern Co (Bakersfield) Wrap AAP SPS - Merced Wrap AAP SPS - Stanislaus Wrap AAP	2,145 08 (340,161 36) (53,597 93) (759 84)
4123 Total			(392,374 05)
4131	Mental Health Grants	Bay Area - Monterey TBS Bay Area - Ventura - CMFRT EPSDT Program Bay Area - Ventura COEDS - EPSDT Bay Area - Ventura EPSDT Bay Area - Ventura MTFC - EPSDT Bay Area - Ventura THPP - EPSDT MENTAL HEALTH - Merced MH TBS MENTAL HEALTH - Stanislaus Out Patient MENTAL HEALTH - Stanislaus TBS MH - Merced Full Service Partnership MH - Merced MH TBS MH - Merced MH Outpatient MH - Modesto City School - Downey High School MH - Orange - Child Abuse Prevention & Intervention Services MH - Stanislaus MSW/MFT Clinical Supervision MH - Stanislaus Out Patient MH - Stanislaus Stabilization MH - Stanislaus TBS MH - Stockton San Joaquin MH MH Merced Full Service Partnership SPS - Merced Wrap MH	(234,005 92) (329,159 66) (86,961 81) (346,256 08) (50,915 62) (73,862 87) 339 90 (10 00) (30,296 63) (1,128,377 05) (227,034 80) (66,528 75) (11,978 00) (1,922 94) (27 50) (794,598 14) (549,999 99) (1,050,211 25) (379,794 69) (21 30) (153 35)
4131 Total			320,974 69
4131 Total			(5,040,801 76)
4141	Transitional Grants (THP+)	ACYD - Peralta Child Care Bay Area - Ventura - THP+ Program Central Valley - (Visalia) THP+ Kings County Central Valley - City of Fresno Homeless Prevention Central Valley - City of Fresno Rapid Re-housing Program Central Valley - County of Fresno Homeless Prevention Central Valley - County of Fresno Rapid Re-housing Program Central Valley - Merced THP Supplemental Central Valley - Merced Transitional Housing Program Central Valley - San Bernardino - Riverside THP Central Valley - San Bernardino THP Central Valley - Stanislaus THP - My Home Central Valley - Stanislaus THP Plus Employment Services Central Valley - Stanislaus THP Plus Scattered Site program Central Valley - Stockton San Joaquin THP+ Central Valley - THP+ Fresno Central Valley - THP+ Madera (Fresno) Central Valley - THP+ Tulare (Visalia) Southern California - Orange THP	60 00 (112,033 03) (71,853 99) (98,680 60) (23,727 28) (64,628 51) (7,926 60) (12,139 26) (253,024 37) (716,077 83) (1,030,170 74) (104,424 74) (78,971 34) (115,812 81) (541,680 00) (500,205 24) (130,954 76) (215,660 02) (392,989 31)
4141 Total			(4,470,920 43)

Aspiranet
 Revenue by programs FYE 6/30/2012
 Schedule B Government contributions

Sum of Revenue 11/12	Description	Grant Name	Total
4151	Afterschool		
		ACVD - CIVIC VENTURE	(4,015 11)
		ACVD - Exc CIVIC VENTURE	(103,744 21)
		ACVD - Exc DCYF Experience Corps	(99,512 89)
		ACVD - Exc DCYF Hillcrest Exp Corps	(9,012 34)
		ACVD - Exc Experience Corp	(35,750 00)
		ACVD - Futures Care	(10,450 00)
		ACVD - Melrose Leadership Academy CARE	(6,005 66)
		ACVD - Mini Grants	(1,406 36)
		ACVD - OCFY Futures Elem School	(47,840 00)
		ACVD - OCFY Acorn Woodland Elementary	(69,083 87)
		ACVD - OCFY Carl B. Munck Elementary	(80,084 00)
		ACVD - OCFY Community United	(47,839 00)
		ACVD - OCFY East Oakland Pride	(67,206 00)
		ACVD - OCFY EnCompass	(42,235 81)
		ACVD - OCFY Howard	(58,006 00)
		ACVD - OCFY ICS (International Community School)	(44,620 00)
		ACVD - OCFY Melrose Leadership Academy	(82,799 00)
		ACVD - OCFY New Highland	(39,849 00)
		ACVD - OCFY Piedmont Ave Elem School	(58,006 00)
		ACVD - OCFY Rise Academy	(52,958 36)
		ACVD - OCFY TCN (Think College Now)	(44,620 00)
		ACVD - OSF ICS (International Community School)	(23,525 33)
		ACVD - OSSF TCN Family Literacy	(7,537 14)
		ACVD - OUSD Acorn Woodland Elementary	(96,528 00)
		ACVD - OUSD Acorn Woodland Elementary 21st Century	(54,690 99)
		ACVD - OUSD Carl B. Munck Elementary	(120,570 71)
		ACVD - OUSD Community United	(96,595 99)
		ACVD - OUSD East Oakland Pride	(85,334 00)
		ACVD - OUSD EnCompass	(86,928 00)
		ACVD - OUSD Futures Elem School	(99,929 00)
		ACVD - OUSD Howard	(91,848 01)
		ACVD - OUSD ICS (International Community School)	(91,849 00)
		ACVD - OUSD Melrose Leadership Academy	(126,360 17)
		ACVD - OUSD Melrose Leadership Academy 21st Century	(213,461 33)
		ACVD - OUSD Peralta	(91,847 98)
		ACVD - OUSD Piedmont Ave Elem School	(91,847 99)
		ACVD - OUSD Rise Academy	(91,847 98)
		ACVD - OUSD TCN (Think College Now)	(81,548 01)
		ACVD - Peralta Child Care	(149,768 65)
		ACVD - PPTG Garden Project Fund	(27,046 00)
		ACVD - SFUSD - AP Giammi Middle School	(335,610 97)
		ACVD - SFUSD - AP Giammi Middle School - Summer	(68,092 56)
		ACVD - SFUSD - Hillcrest	2,487 42
		ACVD - SFUSD - Robert L. Stevenson Elementary	(9,590 00)
		ACVD - SFUSD - SF Key Elem School	(76,589 79)
		ACVD - SFUSD - Sunset Elem School	(359,122 26)
		ACVD - SFUSD - Ulioa Middle School	(137,722 64)
		ACVD - SFUSD - Ulioa Middle School	(190,532 58)
		ACVD - SFUSD - Ulioa Middle School - Summer	(36,282 36)
		ACVD - SNBC Broadband Technology Opportunities Program	(96,007 79)
		ACVD - SNBC DCYF	(329,737 37)
		ACVD - SNBC DCYF Francis Scott Key Excell	(76,601 82)
		ACVD - SNBC DCYF Rec Connect K-8 Specialized	(26,411 74)
		ACVD - SNBC DCYF Rec Connect Summer	(32,107 16)
		ACVD - SNBC DCYF Robert Louis Stevenson Excell	(65,470 46)
		ACVD - SNBC DCYF Sunset Excell	(69,436 74)
		ACVD - SNBC DCYF Ulioa Excell	(24,531 68)
		ACVD - SNBC Rec Connect	(84,720 00)
		ACVD - SNBC Taraval Commercial Corridor	(29,389 92)
		ACVD - Soda After School Knowledge Think College Now	(2,760 70)
		ACVD - STEM Summer Science Project	(5,917 68)
		ACVD - Walmart National Science Learning Association Summer	(1,050 00)
		ACVD OFCY LEAP Summer Program	(54,852 94)
		BEACON - DCYF Experience Corps	983 34
		BEACON - Hillcrest DCYF Exp Corps	(2,074 26)

Aspiranet
 Revenue by programs FYE 6/30/2012
 Schedule B Government contributions

Sum of Revenue 11/12	Description	Grant Name	Total
4151	Afterschool	BEACON - Rec Connect BEACON - Rec Connect K-8 Specialized BEACON - Rec Connect Summer Miscellaneous Afterschool adjustments OFCY Howard OFCY Melrose Leadership Academy OUSD Melrose Leadership Academy 21st Century OUSD Melrose Leadership Academy DON Instruction OUSD Melrose Measure E SNBC - Taraval Commercial Corridor SNBC DCYF Francis Scott Key Excell SNBC DCYF Sunset Excell SNBC Ulloa Excell #N/A	(3,549 94) (764 59) (6,983 51) (52,526 68) (3,282 45) (997 88) (28,219 57) (416 98) (2,097 00) (6,304 40) (3,686 29) 150 94 2,215 83 (24,417 39) (4,976,150 48)
4151 Total			(5,070 00)
4161	Prevention/Stability	Bay Area - Catholic Bishop - Migration & Refugee Services - Central Coast Bay Area - Cherish (Salinas RC) Bay Area - Contra Costa County REACH Bay Area - Contra Costa County Receiving Center Bay Area - Ventura - CIMFRT Program Bay Area - Ventura - Collaborative Educational Support - Via Board of Educ Bay Area - Ventura CEAA Training & Supervision Bay Area - Ventura ICM PSSF OR In-Home Parenting Bay Area - Ventura In Home Services - Parent Aide Bay Area - Ventura In Home Therapy Bay Area - Ventura MTFC - HSA Bay Area - Ventura SafeCare Bay Area - Ventura SafeCare -Safety Kits Bay Area - Ventura VCPFSF Bay Area - Welcome Home Baby - ROE International Central Valley - Family Resource Center Central Valley - FRC - Food Stamp Outreach and Enrollment Services Central Valley - FRC - Promotoras Prevention and Early Intervention Central Valley - FRC Stanislaus HSA - Healthy Birth Outcomes Central Valley - FRC Turlock W2W Central Valley - Fresno Reach Central Valley - Turlock Modesto CDBG Central Valley - Turlock ProFamily FPSP Stanislaus Central Valley - Visalia - REACH Kings County Central Valley - Visalia - REACH Tulare Delta First 5 Center MH - Modesto City School - Risk Assessment Miscellaneous Adjustments Southern California - Orange Profamily RCOO Welcome Home Baby - Hand to Hand	(132,090 32) (46,570 30) (193,386 83) (446,647 98) (151,318 95) (27,987 27) (172,244 19) (59,668 64) (141,454 29) (68,390 47) (326,454 82) (567 87) (114,221 44) (18,888 28) (247,467 98) (38,787 24) (33,078 12) (50,268 09) (85,560 51) (119,801 63) (22,211 95) (96,030 00) (31,756 82) (130,352 01) 306 00 (2,040 00) 750 00 (63,809 33) (3 00) (2,824,872 33) (299,353 57) (304,984 08) (786,795 80) (25,794 91) (1,416,928 36) (24,156,158 72)
4161 Total			(20,728,110 61)
4162	Family Support	ACYD - SNBC First Five San Francisco Bay Area - Delta First 5 Center Bay Area - Welcome Home Baby - 1ST FIVE CONTRIBUTION SNBC - First Five San Francisco	(25,794 91) (1,416,928 36)
4162 Total			(25,794 91)
Grand Total			(24,156,158 72)

Title IV E - see attached

Others

Form 990 Part VIII line 1e

(20,728,110 61)

(842,981 67)

(45,727,251 00)

Aspranet

Title IV E funding from government agencies - Schedule B government contributions
30-Jun-12

Acct	Program name	Balance
FFA Direct Care	Bay Area - Central Coast FFA Program	(547,157.04)
FFA Direct Care	Bay Area - Salinas FFA Program	(781,058.79)
FFA Direct Care	Bay Area - Ventura FFA Program	(602,096.26)
FFA Direct Care	Bay Area - Antioch FFA Program	(480,825.55)
FFA Direct Care	Bay Area - Antioch DD Program	(1,565.92)
FFA Direct Care	Central Valley - Turlock FFA Program	(441,476.19)
FFA Direct Care	Central Valley - Stockton FFA Program	(578,191.94)
FFA Direct Care	Central Valley - Fresno FFA Program	(643,781.29)
FFA Direct Care	Central Valley - Bakersfield FFA Program	(496,158.30)
FFA Direct Care	Central Valley - San Bernardino FFA Program	(832,225.77)
FFA Direct Care	Central Valley - Sacramento FFA Program	(270,051.93)
FFA Direct Care	Central Valley - Visalia FFA Program	(240,275.57)
FFA Direct Care	Southern California - Los Angeles FFA Program	(808,615.33)
FFA Direct Care	Southern California - Orange FFA Program	(122,177.48)
FFA Direct Care	Southern California - East Los Angeles FFA Program	(520,092.07)
Baby Care	Bay Area - Central Coast FFA Program	(4,932.00)
Baby Care	Bay Area - Salinas FFA Program	(3,933.09)
Baby Care	Central Valley - San Bernardino FFA Program	(4,454.72)
Baby Care	Central Valley - Visalia FFA Program	(3,047.07)
DD Direct Care	Bay Area - Salinas DD Program	(17,424.13)
DD Direct Care	Bay Area - Ventura DD Program	(59,767.08)
DD Direct Care	Bay Area - Antioch DD Program	(8,697.36)
DD Direct Care	Central Valley - Stockton DD Program	(60,029.23)
DD Direct Care	Central Valley - Visalia DD Program	(17,539.37)
DD Direct Care	Southern California - Los Angeles DD Program	(50,885.28)
DD Direct Care	Southern California - Orange DD Program	(46,644.84)
DD Direct Care	Southern California - East Los Angeles DD Program	(44,439.36)
ITFC Direct Care	Bay Area - Salinas ITFC Program	(123,646.68)
ITFC Direct Care	Central Valley - Turlock ITFC Program	(97,833.72)
ITFC Direct Care	Central Valley - Fresno ITFC Program	(225,764.54)
ITFC Direct Care	Central Valley - Visalia ITFC Program	(58,140.64)
FFSN Direct Care	Bay Area - N California FFSN Program	(3,006,093.81)
ISC - Individual Service Contract	#/N/A	(810.00)
ISC - Individual Service Contract	Central Valley - San Bernardino ISC Program	(13,759.00)
GH Direct Care	Excell Region - Turlock Group Home Program	(4,475,178.16)
GH Direct Care	San Mateo Group Home/ Excell Readiness/Tower House	(597,216.53)
FC Initial Clothing	Bay Area - Central Coast FFA Program	(10,984.91)
FC Initial Clothing	Bay Area - Salinas FFA Program	(8,310.00)
FC Initial Clothing	Bay Area - Ventura FFA Program	(4,172.00)
FC Initial Clothing	Bay Area - Antioch FFA Program	(1,962.00)
FC Initial Clothing	Central Valley - Turlock FFA Program	(7,924.63)
FC Initial Clothing	Central Valley - Stockton FFA Program	(1,653.00)
FC Initial Clothing	Central Valley - Fresno FFA Program	(1,654.00)
FC Initial Clothing	Central Valley - Bakersfield FFA Program	(8,110.00)
FC Initial Clothing	Central Valley - San Bernardino FFA Program	(16,195.00)
FC Initial Clothing	Central Valley - Sacramento FFA Program	(1,426.00)

FC Initial Clothing	Central Valley - Visalia FFA Program	(3,154 00)
FC Initial Clothing	Southern California - Los Angeles FFA Program	(9,746 00)
FC Initial Clothing	Southern California - Orange FFA Program	(1 147 00)
FC Initial Clothing	Southern California - East Los Angeles FFA Program	(3,026 00)
FC Initial Clothing	Excell Region - Turlock Group Home Program	(1,993 00)
FC Initial Clothing	San Mateo Group Home/Excell Readiness/Tower House	(436 00)
FC Personal & Incidental	Bay Area - Salinas DD Program	(951 23)
FC Personal & Incidental	Bay Area - Ventura DD Program	(1,518 00)
FC Personal & Incidental	Bay Area - Antioch DD Program	(125 00)
FC Personal & Incidental	Central Valley - Stockton DD Program	(604 17)
FC Personal & Incidental	Southern California - Los Angeles DD Program	(1,518 00)
FC Personal & Incidental	Southern California - Orange DD Program	(1 390 00)
FC Personal & Incidental	Southern California - East Los Angeles DD Program	(1,518 00)
AB12 Extended Foster Care	#N/A	(20,148 00)
AB12 Extended Foster Care	#N/A	(29 469 16)
AB12 Extended Foster Care	#N/A	(11,583 05)
AB12 Extended Foster Care	#N/A	(9,514 33)
AB12 Extended Foster Care	#N/A	(18 735 64)
AB12 Extended Foster Care	#N/A	(24,264 26)
AB12 Extended Foster Care	#N/A	(16,952 48)
AB12 Extended Foster Care	#N/A	(8,395 00)
AB12 Extended Foster Care	#N/A	(10,074 00)
Adoption	Bay Area - Central Coast Adoption Program	(333,000 00)
Adoption	Bay Area - Ventura Adoption Program	(362,000 00)
Adoption	Bay Area - Antioch Adoption Program	(105,000 00)
Adoption	Central Valley - Turlock Adoption Program	(448,000 00)
Adoption	Central Valley - Stockton Adoption Program	(94 000 00)
Adoption	Central Valley - Fresno Adoption Program	(322,500 00)
Adoption	Central Valley - Bakersfield Adoption Program	(517,000 00)
Adoption	Central Valley - San Bernardino Adoption Program	(139 000 00)
Adoption	Central Valley - Sacramento Adoption Program	(10,000 00)
Adoption	Central Valley - Visalia Adoption Program	(91,500 00)
Adoption	Southern California - Los Angeles Adoption Program	(73 000 00)
Adoption	Southern California - East Los Angeles Adoption Program	(15,000 00)
School Direct Care	Excell Region - Turlock Stanislaus Academy	(777,460 03)
School Direct Care	Excell Region - Turlock Valley Oaks School	(499,471 31)
Lunch Program/Federal	Excell Region - Turlock Group Home Program	(71,456 28)
Lunch Program/Federal	Excell Region - Turlock Stanislaus Academy	(1,036 87)
Grants PY Grants Carry Over	Bay Area - Salinas ITFC Program	(26 826 86)
Interest Income	Headquarters Office - Administration	(38 97)
Other Program Revenue	Headquarters Office	(17 11)
Other Program Revenue	Headquarters Office - Administration	(204 000 00)
Other Program Revenue	Bay Area - Antioch District Office	(15 00)
Admin Service Revenue - AWE	Headquarters Office - Finance Department	(24,000 00)
Unrestricted Donations	Bay Area - Ventura Adoption Program	(240 00)
Unrestricted Donations	Bay Area - Ventura FFA Program	(1,260 00)
Unrestricted Donations	Bay Area - N California FFSN Program	(250 00)
Petty Cash (+/-)	Bay Area - Salinas FFA Program	227 68
Petty Cash (+/-)	Bay Area - N California FFSN Program	317 43
Petty Cash (+/-)	Central Valley - Stockton FFA Program	0 01
Petty Cash (+/-)	Central Valley - Fresno FFA Program	0 35

Petty Cash (+/-)	Central Valley - Visalia FFA Program	(0.99)
Petty Cash (+/-)	Southern California - Orange FFA Program	378.07
Petty Cash (+/-)	Southern California - East Los Angeles FFA Program	1.09
County Overpayments write-off	Headquarters Office	(299,081.74)
Write-Off Uncollectable/Discounts	Headquarters Office	211,324.80
Write-Off Uncollectable/Discounts	Headquarters Office - Finance Department	13.89
Write-Off Uncollectable/Discounts	Bay Area - Central Coast FFA Program	51.61
Write-Off Uncollectable/Discounts	Bay Area - Salinas FFA Program	35.27
Write-Off Uncollectable/Discounts	Bay Area - Salinas ITFC Program	4.51
Write-Off Uncollectable/Discounts	Bay Area - Ventura FFA Program	43.65
Write-Off Uncollectable/Discounts	Bay Area - Antioch FFA Program	28.27
Write-Off Uncollectable/Discounts	#N/A	0.04
Write-Off Uncollectable/Discounts	Bay Area - N California FFSN Program	(1,135.73)
Write-Off Uncollectable/Discounts	Central Valley - Turlock FFA Program	43.39
Write-Off Uncollectable/Discounts	Central Valley - Turlock ITFC Program	1.15
Write-Off Uncollectable/Discounts	Central Valley - Stockton FFA Program	20.16
Write-Off Uncollectable/Discounts	Central Valley - Fresno FFA Program	42.79
Write-Off Uncollectable/Discounts	Central Valley - Fresno ITFC Program	6.30
Write-Off Uncollectable/Discounts	Central Valley - Bakersfield FFA Program	44.12
Write-Off Uncollectable/Discounts	Central Valley - San Bernardino FFA Program	45.66
Write-Off Uncollectable/Discounts	Central Valley - San Bernardino ISC Program	1.00
Write-Off Uncollectable/Discounts	Central Valley - Sacramento FFA Program	14.13
Write-Off Uncollectable/Discounts	Central Valley - Visalia FFA Program	24.26
Write-Off Uncollectable/Discounts	Southern California - Los Angeles FFA Program	(2.55)
Write-Off Uncollectable/Discounts	#N/A	(3.56)
Write-Off Uncollectable/Discounts	Southern California - Los Angeles DD Program	(0.89)
Write-Off Uncollectable/Discounts	Southern California - Orange FFA Program	3.34
Write-Off Uncollectable/Discounts	Southern California - Orange ITFC Program	(0.89)
Write-Off Uncollectable/Discounts	Southern California - Orange DD Program	(2.67)
Write-Off Uncollectable/Discounts	Southern California - East Los Angeles FFA Program	7.30
Write-Off Uncollectable/Discounts	Southern California - East Los Angeles DD Program	29.91
Write-Off Uncollectable/Discounts	Excell Region - Turlock Group Home Program	83.39
Write-Off Uncollectable/Discounts	San Mateo Group Home/ Excell Readiness/Tower House	37.17
		<u>(20,728,110.61)</u>