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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 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 SPIRITT FAMILY SERVICES		D Employer identification number 95-2852683
	Doing Business As		E Telephone number (562) 903-7000
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	13135 BARTON RD		G Gross receipts \$ 4,248,608.
City or town, state or country, and ZIP + 4 WHITTIER, CA 90605		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number	
F Name and address of principal officer: ELVIA TORRES SAME AS C ABOVE			
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.SPIRITT.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 1972
			M State of legal domicile CA

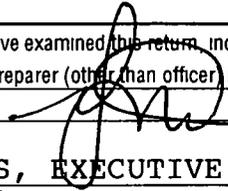
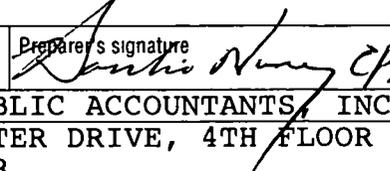
Part I Summary

SCANNED JAN 23 2013
Activities & Governance
Revenue
Expenses
Net Assets or Fund Balances

1 Briefly describe the organization's mission or most significant activities: EDUCATIONAL, SOCIAL WELFARE ORGANIZATION		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	82
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	39,169.	17,059.
9 Program service revenue (Part VIII, line 2g)	4,732,610.	4,230,631.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128.	67.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,579.	851.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,774,486.	4,248,608.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	405,287.	340,556.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,300,884.	2,902,600.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (A), line 25) 1,587.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,113,406.	978,513.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,819,577.	4,221,669.
19 Revenue less expenses. Subtract line 18 from line 12	<45,091.>	26,939.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,627,005.	1,569,469.
21 Total liabilities (Part X, line 26)	764,228.	679,753.
22 Net assets or fund balances. Subtract line 21 from line 20	862,777.	889,716.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 1/9/2013			
	ELVIA TORRES, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BASILIO A NUNEZ, CPA/MBA	Preparer's signature 	Date 1/7/13	Check if self-employed <input type="checkbox"/>	PTIN P01423745
	Firm's name G7 CERTIFIED PUBLIC ACCOUNTANTS, INC.	Firm's EIN 33-0786254			
	Firm's address 8001 IRVINE CENTER DRIVE, 4TH FLOOR IRVINE, CA 92618		Phone no 800 376-8787		

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

25

Part III Statement of Program Service Accomplishments

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

X

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 561,732. Including grants of \$) (Revenue \$ 657,223.) ALCOHOL & DRUG ABUSE PREVENTION AND TREATMENT SERVICES ARE PROVIDED IN GLENDORA, EL MONTE, WHITTIER, LA PUENTE AND SANTA FE SPRINGS OFFICES. THE PROGRAMS PROVIDE TREATMENT OPTIONS FOR ADOLESCENTS AND ADULTS. THROUGH A VARIETY OF INTERVENTIONS, WE WORK WITH THOSE MOST VULNERABLE TO THE HAZARDS OF ALCOHOL AND OTHER SUBSTANCES WHO MAY BE EXPERIMENTING OR MAY BE ADDICTED. THE CORNERSTONE PROGRAM OFFERED CONTINUOUSLY FOR 37 YEARS AT FOUR OF THE FIVE SITES IS THE WINDOWS/VENTANAS PROGRAM WHICH IS DESIGNED TO HELP FAMILIES MEMBERS UNDERSTAND EACH OTHER AND RESOLVE DIFFICULTIES BEFORE THEY FEEL INSURMOUNTABLE AND THEY TURN TO UNDESIRABLE AND INEFFECTIVE METHODS TO NOT DEAL WITH ISSUES, I.E. ALCOHOL AND DRUGS. THE OBJECTIVE IS TO ESTABLISH COHESIVENESS WITH THE FAMILY, PROMOTE THE DIGNITY AND THE EMPOWERMENT OF EACH FAMILY MEMBER

4b (Code) (Expenses \$ 1,407,929. Including grants of \$) (Revenue \$ 1,548,085.) CHILD ABUSE PREVENTION SERVICES - THIS AGENCY PROVIDES CHILD ABUSE PREVENTION PROGRAMS THAT FOCUS ON FAMILY PRESERVATION AS WELL AS FAMILY SUPPORT SERVICES IN THE WHITTIER/SANTA FE SPRINGS AND THE GREATER LA PUENTE AREA OF LOS ANGELES COUNTY. THE OBJECTIVE OF THESE PROGRAMS IS TO PROVIDE INTENSIVE IN-HOME SERVICES TO STRENGTHEN FAMILIES WITH CHILDREN WHO COME TO THE ATTENTION OF THE DEPT. OF CHILDREN AND FAMILY SERVICES AND ARE REFERRED TO AGENCIES SUCH AS SPIRITT AS AN ALTERNATIVE TO FOSTER CARE PLACEMENT WHEN IT IS DEEMED SAFE TO LEAVE THEM IN THEIR OWN HOMES. FAMILIES ARE PROVIDED WITH IN-HOME COUNSELING AND CASE MANAGEMENT, BASIC NECESSITIES, PARENTING SKILLS, AS WELL AS A VARIETY OF ACTIVITIES THAT PROMOTE STRENGTHENING AND BONDING OF THE FAMILY UNIT. SPIRITT ALSO WORKS WITH FAMILIES WHO ARE IN THE PROCESS OF

4c (Code) (Expenses \$ 1,069,122. Including grants of \$) (Revenue \$ 1,185,260.) THE PARTNERSHIP FOR FAMILIES PROGRAM IS DESIGNED TO WORK WITH FAMILIES SPECIFICALLY REFERRED BY THE DEPT. OF CHILDREN AND FAMILY SERVICES WHO HAVE CHILDREN AGES FIVE AND UNDER, AS WELL AS PREGNANT WOMEN WHO ARE AT-RISK FOR CHILD MALTREATMENT DUE TO MATERNAL DEPRESSION, DRUG AND ALCOHOL ABUSE, DOMESTIC VIOLENCE AND YOUNG MATERNAL AGE (TEEN MOTHERS). THIS PROGRAM FOCUSES ON WORKING WITH PARENTS/CAREGIVERS AND THEIR CHILDREN TO IMPROVE THEIR WELL-BEING EMOTIONALLY, SOCIALLY, PHYSICALLY, MENTALLY AND ECONOMICALLY. THROUGH COMMUNITY COLLABORATIVE EFFORTS, THE PROGRAM AIMS TO SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN BY WORKING TO STRENGTHEN FAMILIES, ONE NEIGHBORHOOD AT A TIME.

REVENUE \$1,185,260 SUB-CONTRACTORS \$102,197

4d Other program services (Describe in Schedule O.) (Expenses \$ 720,865. including grants of \$) (Revenue \$ 855,602.)

4e Total program service expenses 3,759,648.

Part IV Checklist of Required Schedules

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

Form 990 (2011)

Part IV Checklist of Required Schedules (continued)

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a-1b, 2-9 regarding governing body members, relationships, and documentation.

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 questions 10a-16b regarding local chapters, policies, conflict of interest, whistleblower, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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 during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ELVIA TORRES - 562 903-7000 13135 BARTON RD, WHITTIER, CA 90605

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) ROGER STOLTENBERG PRESIDENT	2.00	X					0.	0.	0.	
(2) ISRAEL COBOS VICE PRESIDENT	1.00	X					0.	0.	0.	
(3) DIANE INNES SECRETARY	1.00	X					0.	0.	0.	
(4) KEVIN SCHERPF TREASURER	1.00	X					0.	0.	0.	
(5) HAROLD SCHIEVE BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ROSEMARIE GALLEGOS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) DR. ROSIE LIM BOARD MEMBER	1.00	X					0.	0.	0.	
(8) RAUL AVILA BOARD MEMBER	1.00	X					0.	0.	0.	
(9) LAYLA A. AVILA BOARD MEMBER	1.00	X					0.	0.	0.	
(10) BAOKIM COLEMAN, ED.D., MBA BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MARY PARRA CONTROLLER	35.00			X			86,107.	0.	8,586.	
(12) ELVIA TORRES EXECUTIVE DIRECTOR	40.00			X	X		106,680.	0.	8,586.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							192,787.	0.	17,172.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							192,787.	0.	17,172.	

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 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 11,972.				
	b Membership dues	1b 3,500.				
	c Fundraising events	1c 1,587.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		17,059.			
Program Service Revenue	2 a GOVERNMENT CONTRACT	Business Code 624100	2,905,845.	2,905,845.		
	b 1ST FIVE LA GRANT	624100	1,185,260.	1,185,260.		
	c CLIENT FEES	624100	137,111.	137,111.		
	d CHILD ABUSE COUNCIL	624100	2,415.	2,415.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		4,230,631.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		67.	67.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	851.			
		b Less: direct expenses	b 0.			
c Net income or (loss) from fundraising events			851.		851.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		4,248,608.	4,230,698.	0.	851.	

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	273,542.	273,542.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	67,014.	67,014.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	223,185.		223,185.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,265,168.	2,125,422.	139,746.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	31,685.	29,589.	2,096.	
9 Other employee benefits	173,263.	159,109.	14,154.	
10 Payroll taxes	209,299.	182,210.	27,089.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	20,735.	20,735.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	147,265.	138,062.	9,203.	
12 Advertising and promotion				
13 Office expenses	170,562.	157,876.	12,146.	540.
14 Information technology	64,888.	64,505.	383.	
15 Royalties				
16 Occupancy	324,374.	296,594.	27,780.	
17 Travel	67,427.	67,427.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,717.	54,670.		1,047.
20 Interest	16,026.	16,026.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,280.	13,280.		
23 Insurance	36,776.	32,646.	4,130.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a STAFF DEVELOPMENT	52,742.	52,432.	310.	
b MEMBERSHIP DUES	7,336.	7,156.	180.	
c MISCELLANEOUS	1,385.	1,353.	32.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,221,669.	3,759,648.	460,434.	1,587.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	386,468.	1	350,069.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	728,163.	4	703,594.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,832.	9	45,545.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 711,726.		
	b Less: accumulated depreciation	10b 241,465.	10c	470,261.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,627,005.	16	1,569,469.	
Liabilities	17 Accounts payable and accrued expenses	338,277.	17	258,090.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	258,238.	23	232,451.
	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	167,713.	25	189,212.
	26 Total liabilities. Add lines 17 through 25	764,228.	26	679,753.
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	923,937.	27	950,219.
	28 Temporarily restricted net assets	<61,160.>	28	<60,503.>
	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	862,777.	33	889,716.
	34 Total liabilities and net assets/fund balances	1,627,005.	34	1,569,469.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,248,608.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,221,669.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,939.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	862,777.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	889,716.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2011

Open to Public Inspection

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

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 described in **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?

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

 - (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 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).

(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									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	4739201.	4857518.	5072605.	4560772.	4068909.	23299005.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4739201.	4857518.	5072605.	4560772.	4068909.	23299005.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						23299005.

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	4739201.	4857518.	5072605.	4560772.	4068909.	23299005.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56.	86.	82.	128.	67.	419.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	78,230.	20,424.	18,681.	2,579.	2,438.	122,352.
11 Total support. Add lines 7 through 10						23421776.
12 Gross receipts from related activities, etc. (see instructions)					12	1,161,848.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.48 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.38 %
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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 section 501(c)(3) organization, check this box and stop here

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

Supplemental Financial Statements

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

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 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 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		154,922.		154,922.
b Buildings		356,536.	73,900.	282,636.
c Leasehold improvements				
d Equipment				
e Other		200,268.	167,565.	32,703.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				470,261.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO COUNTY	11,814.
(3) UNEARNED CONTRACT REVENUE	177,398.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

189,212.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,248,608.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,221,669.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	26,939.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	26,939.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,248,608.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,248,608.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,248,608.

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

1	Total expenses and losses per audited financial statements	1	4,221,669.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,221,669.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,221,669.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DECREASE IN PRIOR YEAR NET ASSETS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SPIRITT FAMILY SERVICES

Employer identification number
95-2852683

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIENVENIDOS CHILDREN'S CENTER 5233 E. BEVERLY BLVD. EAST LOS ANGELES, CA 90022	95-4042883	501C(3)	36,000.	0.			FAMILY SUPPORT SOCIAL SERVICES
CTR OF INTEGRATED FAMILY & HEALTH SERVICES - 540 EREMLAND, STE. B & C - COVINA, CA 91723	95-4746042	501C(3)	3,450.	0.			CASE MANAGEMENT SERVICES FOR 0-5 POPULATION.
EGGLESTON YOUTH CENTER 13001 RAMONA BLVD. IRVINDALE, CA 91706	95-3124593	501C(3)	38,089.	0.			THERAPUTIC DAY TREATMENT SERVICES
HELPLINE YOUTH COUNSELING 12440 E. FIRESTONE BLVD., STE. 1000 NORWALK, CA 90650	23-7113824	501C(3)	71,306.	0.			FAMILY SUPPORT SOCIAL SERVICES THERAPUTIC DAY TREATMENT SERVICES.
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVENUE BELL GARDENS, CA 90201	95-1816054	501C(3)	36,000.	0.			FAMILY SUPPORT SOCIAL SERVICES.
OPTIONS 100 NORTH CITRUS STREET, STE., 300 WEST COVINA, CA 91791	95-3602641	501C(3)	4,000.	0.			CASE MANAGEMENT SERVICES FOR 0-5 POPULATION.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

▶ 7 ▶

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD, CLOTHING, SHELTER	335	67,014.	0.		FAMILY SUPPORT, SOCIAL SERVICES

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

SPIRITT FAMILY SERVICES

Employer identification number

95-2852683

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

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

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

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

REVENUE \$657,223 SUB-CONTRACTORS \$25,050 EXPENSES \$561,732

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

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

REVENUE \$1,548,085 SUB-CONTRACTORS \$216,595 EXPENSES \$1,407,929

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

EXPENSES \$1,069,122

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

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

EXPENSES \$ 720,865. INCLUDING GRANTS OF \$ 0. REVENUE \$ 855,602.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization SPIRITT FAMILY SERVICES	Employer identification number 95-2852683
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FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND A COPY OF FORM 990 IS E-MAILED TO ALL BOARD MEMBERS BEFORE IT IS SUBMITTED TO THE IRS.

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

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

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE AT GUIDESTAR.COM
PROCEDURE HAS NOT CHANGED FROM LAST YEAR.

2011 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FAMILY PRESERVATION											
9	SOFTWARE - CHILD A	070197SL	SL	3.00	16	4,330.			4,330.	4,330.		0.
	LUCENT TELEPHONE											
10	SYSTEM CHILD ABUSE	070197SL	SL	5.00	16	7,484.			7,484.	7,484.		0.
22	XEROX - GLENDORA	110899SL	SL	5.00	16	5,462.			5,462.	5,462.		0.
23	DIGITAL PROJECTOR	040300SL	SL	5.00	16	4,102.			4,102.	4,102.		0.
27	PHONE SYSTEM LUCENT	020101SL	SL	3.00	16	2,706.			2,706.	2,706.		0.
	1990 CHEVY ASTRO											
29	VAN #14314	032701SL	SL	5.00	16	1.			1.	1.		0.
	2 COMPUTERS & 1											
30	PRINTER	022301SL	SL	3.00	16	2,511.			2,511.	2,511.		0.
	2 COMPUTERS & 3											
32	PRINTERS	052901SL	SL	3.00	16	5,034.			5,034.	5,034.		0.
	2 COMPUTERS & 1											
33	PRINTER	123100SL	SL	3.00	16	4,992.			4,992.	4,992.		0.
	DELL SERVER AND											
34	MONITOR	062102SL	SL	5.00	16	5,135.			5,135.	5,135.		0.
	XEROX - FAMILY											
35	PRESEVERATION START	082102SL	SL	5.00	16	5,726.			5,726.	5,726.		0.
	4 COMPUTERS -											
36	FAMILY PRESEVERATION	082102SL	SL	3.00	16	9,019.			9,019.	9,019.		0.
	1 COMPUTER - FAMILY											
37	PRESEVERATION STAR	112002SL	SL	3.00	16	1,561.			1,561.	1,561.		0.
	1 SERVER - FAMILY											
38	PRESEVERATION START	112002SL	SL	5.00	16	4,571.			4,571.	4,571.		0.
	02 FORD VAN 27540 -											
39	FAMILY PRES START	123102SL	SL	5.00	16	28,753.			28,753.	28,753.		0.
	03 FORD VAN 37000 -											
40	SERENA	093002SL	SL	5.00	16	29,611.			29,611.	29,611.		0.
	03 FORD VAN 36995 -											
41	SERENA	093002SL	SL	5.00	16	29,611.			29,611.	29,611.		0.
	42 XEROX - SERENA											
42	XEROX - SERENA	123002SL	SL	5.00	16	5,726.			5,726.	5,726.		0.

128102
05-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
46	XEROX - SOUTH EL MONTE	092806SL	SL	7.00	16	7,185.			7,185.	4,874.		1,026.
47	TELEPHONE SYSTEM -- SOUTH EL MONTE	092806SL	SL	10.00	16	19,848.			19,848.	9,429.		1,985.
49	DONATED LAND	120109L	L			2,121.			2,121.			0.
43	LA PUENTE ASSET 147 S 6TH AVE, LA PUENTE	060104SL	SL	39.00	16	356,536.			356,536.	64,758.		9,142.
44	LAND	060104L	L			152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907SL	SL	15.00	16	16,900.			16,900.	4,602.		1,127.
	* 990 PAGE 10 TOTAL					526,237.		0.	526,237.	69,360.	0.	10,269.
	- LA PUENTE ASSET					711,726.		0.	711,726.	239,998.	0.	13,280.
	* GRAND TOTAL 990 PAGE 10 DEPR											

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPIRITT FAMILY SERVICES

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
9	FAMILY PRESERVATION SOFTWARE - CHILD A	070197SL	SL	3.00	16	4,330.			4,330.	4,330.		0.
10	LUCENT TELEPHONE SYSTEM CHILD ABUSE	070197SL	SL	5.00	16	7,484.			7,484.	7,484.		0.
22	XEROX - GLENDORA	110899SL	SL	5.00	16	5,462.			5,462.	5,462.		0.
23	DIGITAL PROJECTOR	040300SL	SL	5.00	16	4,102.			4,102.	4,102.		0.
27	PHONE SYSTEM LUCENT	020101SL	SL	3.00	16	2,706.			2,706.	2,706.		0.
29	1990 CHEVY ASTRO VAN #14314	032701SL	SL	5.00	16	1.			1.	1.		0.
30	2 COMPUTERS & 1 PRINTER	022301SL	SL	3.00	16	2,511.			2,511.	2,511.		0.
32	2 COMPUTERS & 3 PRINTERS	052901SL	SL	3.00	16	5,034.			5,034.	5,034.		0.
33	2 COMPUTERS & 1 PRINTER	123100SL	SL	3.00	16	4,992.			4,992.	4,992.		0.
34	DELL SERVER AND MONITOR	062102SL	SL	5.00	16	5,135.			5,135.	5,135.		0.
35	XEROX - FAMILY PRESEVERATION START	082102SL	SL	5.00	16	5,726.			5,726.	5,726.		0.
36	4 COMPUTERS - FAMILY PRESEVERATION START	082102SL	SL	3.00	16	9,019.			9,019.	9,019.		0.
37	1 COMPUTER - FAMILY PRESEVERATION STAR	112002SL	SL	3.00	16	1,561.			1,561.	1,561.		0.
38	1 SERVER - FAMILY PRESEVERATION START	112002SL	SL	5.00	16	4,571.			4,571.	4,571.		0.
39	02 FORD VAN 27540 - FAMILY PRES START	123102SL	SL	5.00	16	28,753.			28,753.	28,753.		0.
40	03 FORD VAN 37000 - SERENA	093002SL	SL	5.00	16	29,611.			29,611.	29,611.		0.
41	03 FORD VAN 36995 - SERENA	093002SL	SL	5.00	16	29,611.			29,611.	29,611.		0.
42	XEROX - SERENA	123002SL	SL	5.00	16	5,726.			5,726.	5,726.		0.

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPIRITT FAMILY SERVICES

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
46	XEROX - SOUTH EL MONTE	092806SL		7.00	16	7,185.			7,185.	4,874.		1,026.
47	TELEPHONE SYSTEM ** SOUTH EL MONTE	092806SL		10.00	16	19,848.			19,848.	9,429.		1,985.
49	DONATED LAND	120109L				2,121.			2,121.			0.
43	LA PUENTE ASSET 147 S 6TH AVE, LA PUENTE	060104SL		39.00	16	356,536.			356,536.	64,758.		9,142.
44	LAND	060104L				152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907SL		15.00	16	16,900.			16,900.	4,602.		1,127.
	* 990 PAGE 10 TOTAL											
	- LA PUENTE ASSET					526,237.		0.	526,237.	69,360.	0.	10,269.
	* GRAND TOTAL 990							0.	711,726.	239,998.	0.	13,280.
	PAGE 10 DEPR											

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. SPIRITT FAMILY SERVICES	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-2852683
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 13135 BARTON RD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WHITTIER, CA 90605	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELVIA TORRES

- The books are in the care of ▶ **13135 BARTON RD - WHITTIER, CA 90605**
 Telephone No. ▶ **562 903-7000** FAX No. ▶ **562 906-7677**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

Form **8868** (Rev. 1-2012)