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

2012

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 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

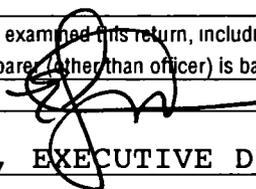
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPIRITT FAMILY SERVICES		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	G Gross receipts \$ 4,334,576.
	13135 BARTON RD		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, town, or post office, state, and ZIP code WHITTIER, CA 90605		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	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	

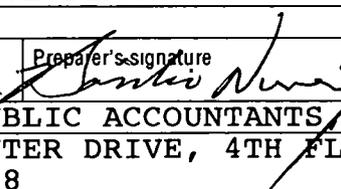
Part I Summary

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)	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	8
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	75
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 17,059. Current Year: 42,169.
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 4,230,631. Current Year: 4,263,070.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 67. Current Year: 73.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 851. Current Year: -1.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 4,248,608. Current Year: 4,305,311.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year: 340,556. Current Year: 279,707.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	Prior Year: 0. Current Year: 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Prior Year: 2,902,600. Current Year: 2,974,955.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	Prior Year: 0. Current Year: 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,949.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Prior Year: 978,513. Current Year: 1,030,006.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year: 4,221,669. Current Year: 4,284,668.	
19 Revenue less expenses. Subtract line 18 from line 12	Prior Year: 26,939. Current Year: 20,643.	
20 Total assets (Part X, line 16)	Beginning of Current Year: 1,569,469. End of Year: 1,588,159.	
21 Total liabilities (Part X, line 26)	Beginning of Current Year: 679,753. End of Year: 677,800.	
22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 889,716. End of Year: 910,359.	

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 5/12/2014
	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 5/12/14	Check <input type="checkbox"/> if self-employed	PTIN P01423745
	Firm's name ▶ G7 CERTIFIED PUBLIC ACCOUNTANTS, INC.	Firm's EIN ▶ 33-0786254		Phone no 800 376-8787	
	Firm's address ▶ 8001 IRVINE CENTER DRIVE, 4TH FL IRVINE, CA 92618				

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

616

20

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:

ESTABLISHED IN 1972, SPIRITT'S MISSION IS TO PROMOTE MENTAL HEALTH AND WELL-BEING THROUGH PROACTIVE PROGRAMS OF EDUCATION, PREVENTION, INTERVENTION, TREATMENT AND RECOVERY DESIGNED TO STRENGTHEN THE FAMILY UNIT AND AN INDIVIDUAL'S SELF-CONCEPT THROUGH PERSONAL DEVELOPMENT,

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 X

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 X

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 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 \$ 476,858. Including grants of \$) (Revenue \$ 524,136.)

SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES - SPIRITT FAMILY SERVICES PROVIDES SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES AT THE AGENCY'S FIVE FAMILY CENTERS LOCATED IN THE CITIES OF GLENDORA, LA PUENTE, SANTA FE SPRINGS, WHITTIER AND SOUTH EL MONTE. PROGRAMS PROVIDE TREATMENT FOR ADOLESCENTS AND ADULTS WHO ARE LOW-INCOME AND REQUIRE SUBSTANCE ABUSE PREVENTION AND COUNSELING. SERVICES ARE PROVIDED THROUGH BOTH INDIVIDUAL AND GROUP TREATMENT FOCUSING ON IMPROVING FAMILY COMMUNICATION, PARENTING, CO-OCCURRING DISORDERS AND ANGER MANAGEMENT, JUST TO NAME A FEW.

REVENUE \$524,136 EXTERNAL PARTNERS \$0 EXPENSES \$476,858

4b (Code) (Expenses \$ 1,571,098. Including grants of \$) (Revenue \$ 1,740,957.)

CHILD ABUSE PREVENTION SERVICES- SPIRITT FAMILY SERVICES PROVIDES CHILD ABUSE PREVENTION SERVICES FOCUSING ON FAMILY PRESERVATION AND FAMILY SUPPORT IN THE GREATER WHITTIER AND SAN GABRIEL VALLEY AREAS. PROGRAMS PROVIDE IN-HOME TARGETED INTERVENTIONS THAT STRENGTHEN FAMILIES AND CHILDREN WHO HAVE COME TO THE ATTENTION OF LA COUNTY'S DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS). DCFS REFERS FAMILIES TO SPIRITT AS AN ALTERNATIVE TO FOSTER CARE PLACEMENT AFTER AN INITIAL ASSESSMENT DEEMS IT SAFE FOR CHILDREN TO REMAIN IN THEIR NATURAL HOME. FAMILIES RECEIVE IN-HOME COUNSELING, CASE MANAGEMENT, BASIC NEEDS SUPPORT, PARENTING CLASSES, AND OTHER SERVICES TO STRENGTHEN THE FAMILY UNIT AND KEEP CHILDREN SAFE FROM HARM.

4c (Code) (Expenses \$ 1,020,055. Including grants of \$) (Revenue \$ 1,128,292.)

THE PARTNERSHIP FOR FAMILIES PROGRAM IS DESIGNED TO WORK WITH FAMILIES AND CHILDREN UNDER THE AGE OF FIVE YEARS AND/OR PREGNANT WOMAN WHO ARE DEEMED TO BE AT-RISK FOR CHILD MALTREATMENT DUE TO MATERNAL DEPRESSION, DRUG AND ALCOHOL ABUSE, DOMESTIC VIOLENCE AND OTHER FACTORS. THE PROGRAM AIMS TO SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN BY WORKING WITH PARENTS, CAREGIVERS AND CHILDREN TO IMPROVE EMOTIONAL AND SOCIAL WELL-BEING.

REVENUE \$1,128,292 EXTERNAL PARTNERS \$93,149 EXPENSES \$1,020,055

4d Other program services (Describe in Schedule O.)

(Expenses \$ 763,609. Including grants of \$ 279,707.) (Revenue \$ 884,401.)

4e Total program service expenses 3,831,620.

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, for escrow or custodial account liability; 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 and XII</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 and XII 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>		

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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b 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?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," 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

- 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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 VIII Statement of Revenue

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

			(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	12,144.				
	b Membership dues	1b	2,500.				
	c Fundraising events	1c	27,525.				
	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			42,169.			
Program Service Revenue	2 a GOVERNMENT CONTRACT	Business Code 624100	2,950,395.	2,950,395.			
	b 1ST FIVE LA GRANT	624100	1,134,242.	1,134,242.			
	c CLIENT FEES	624100	131,510.	131,510.			
	d FOUNDATION/TRUST GRANT	624100	44,508.	44,508.			
	e CHILD ABUSE COUNCIL	624100	2,415.	2,415.			
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,263,070.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		73.	73.			
	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 \$ 15,359. of contributions reported on line 1c). See Part IV, line 18	a		29,264.			
		b Less: direct expenses	b	29,265.			
		c Net income or (loss) from fundraising events			-1.		-1.
	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			4,305,311.	4,263,143.	0.	-1.	

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).

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	227,921.	227,921.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	51,786.	51,786.		
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	227,354.		227,354.	
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	2,356,853.	2,242,030.	114,823.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	164,706.	150,532.	14,174.	
10 Payroll taxes	226,042.	200,411.	25,631.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	20,269.	20,269.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	161,564.	152,027.	9,537.	
12 Advertising and promotion				
13 Office expenses	189,197.	175,380.	11,031.	2,786.
14 Information technology	65,650.	65,650.		
15 Royalties				
16 Occupancy	326,573.	293,819.	32,331.	423.
17 Travel	56,809.	56,809.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,245.	51,505.		6,740.
20 Interest	14,299.	14,299.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,280.	13,280.		
23 Insurance	37,439.	32,845.	4,594.	
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	67,740.	64,595.	3,145.	
b MEMBERSHIP DUES	17,790.	17,311.	479.	
c MISCELLANEOUS	1,151.	1,151.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,284,668.	3,831,620.	443,099.	9,949.
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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	350,069.	1	536,255.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	703,594.	4	548,738.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,545.	9	46,185.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 711,726.		
	b Less: accumulated depreciation	10b 254,745.	10c 470,261.	456,981.
	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)		1,569,469.	16	1,588,159.
Liabilities	17 Accounts payable and accrued expenses	258,090.	17	250,052.
	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 Loans and other 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	232,451.	23	204,937.
	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	189,212.	25	222,811.
	26 Total liabilities. Add lines 17 through 25	679,753.	26	677,800.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	950,219.	27	910,359.
	28 Temporarily restricted net assets	-60,503.	28	0.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	889,716.	33	910,359.
	34 Total liabilities and net assets/fund balances	1,569,469.	34	1,588,159.

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	4,305,311.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,284,668.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,643.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	889,716.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	910,359.

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?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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 (2012)

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

2012

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 - Non-functionally integrated
- 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
(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 monetary 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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4857518.	5072605.	4560772.	4068909.	3979658.	22539462.
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	4857518.	5072605.	4560772.	4068909.	3979658.	22539462.
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						22539462.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4857518.	5072605.	4560772.	4068909.	3979658.	22539462.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86.	82.	128.	67.	73.	436.
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.)	20,424.	18,681.	2,579.	2,438.	9,945.	54,067.
11 Total support. Add lines 7 through 10						22593965.
12 Gross receipts from related activities, etc. (see instructions)					12	1,209,785.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	99.76 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.48 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 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 XIII.

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 XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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 XIII 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.	83,042.	273,494.
c Leasehold improvements				
d Equipment				
e Other		200,268.	171,703.	28,565.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				456,981.

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	210,997.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	222,811.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		40TH ANNIVERSARY (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	42,884.		42,884.
	2	Less: Contributions	15,359.		15,359.
	3	Gross income (line 1 minus line 2)	27,525.		27,525.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	19,319.		19,319.
	6	Rent/facility costs	1,300.		1,300.
	7	Food and beverages	1,752.		1,752.
	8	Entertainment	272.		272.
	9	Other direct expenses	6,622.		6,622.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(29,265)
	11	Net income summary. Combine line 3, column (d), and line 10			-1,740.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2012

**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. 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)	24,175.	0.			FAMILY SUPPORT SOCIAL SERVICES
EGGLESTON YOUTH CENTER 13001 RAMONA BLVD. IRWINDALE, CA 91706	95-3124593	501C(3)	41,125.	0.			THERAPUTIC DAY TREATMENT SERVICES
HELPLINE YOUTH COUNSELING 12440 E. FIRESTONE BLVD., STE. 1000 NORWALK, CA 90650	23-7113824	501C(3)	75,531.	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.
PLAZA COMMUNITY CENTER, INC. 4018 CITY TERRACE DRIVE LOS ANGELES, CA 90063	95-1691302	501C(3)	36,740.	0.			FAMILY SUPPORT SOCIAL SERVICES.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.

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

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

Schedule I (Form 990) (2012)

SPIRITT FAMILY SERVICES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD, CLOTHING, SHELTER	305	51,786.	0.		FAMILY SUPPORT, SOCIAL SERVICES

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

2012

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:

TAKING INTO CONSIDERATION THE MULTICULTURAL COMMUNITIES IT SERVES.

SPIRITT BELIEVES IN STRENGTHENING THE COMMUNITY ONE FAMILY AT A TIME

THROUGH A FAMILY-CENTERED MODEL FOCUSING ON THE NEEDS OF EACH

INDIVIDUAL IN THE FAMILY UNIT AND OFFERING THEM A STRENGTHS-BASED

TREATMENT APPROACH TO MEET THEIR SOCIAL AND MENTAL HEALTH CARE NEEDS.

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

REVENUE \$1,740,957 EXTERNAL PARTNERS \$213,571 EXPENSES

\$1,571,098

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

SPIRITT HAS ADAPTED TO THE CHANGING NEEDS OF THE LOCAL COMMUNITY AND

EXCELS AT IMPLEMENTING PROGRAM MODELS FOCUSED ON IMPROVING THE LIVES OF

FAMILIES OVERALL. THROUGH OUR YOUTH DEVELOPMENT PROGRAM, SPIRITT WORKS

CLOSELY WITH LOCAL SCHOOL DISTRICTS AND SCHOOL ATTENDANCE REVIEW BOARDS

(SARBS) TO PROVIDE INDIVIDUALIZED INTERVENTION SERVICES TO STUDENTS

EXHIBITING BEHAVIORAL PROBLEMS IMPACTING THEIR ACADEMIC SUCCESS.

THROUGH SPIRITT'S PARENT EMPOWERMENT PROGRAM, PARENTS ARE ABLE TO

INCORPORATE RESEARCH-BASED BEST PRACTICES IN THE AREAS OF PARENTING,

FAMILY COMMUNICATION, INDIVIDUAL AND GROUP COUNSELING. ADDITIONALLY,

INDIVIDUALS WHO ARE VICTIMS OF DOMESTIC VIOLENCE RECEIVE ONE-ON-ONE

COUNSELING AND GROUP COUNSELING THAT INCLUDES ART THERAPY. FATHERHOOD

PROGRAMS INCLUDE MEN'S SUPPORT GROUPS AND COUPLE'S GROUPS TO HELP

FATHERS ADDRESS THE BARRIERS PREVENTING THEM FROM BEING ACTIVELY

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization

SPIRITT FAMILY SERVICES

Employer identification number

95-2852683

INVOLVED IN THEIR CHILDRENS LIVES.

EXPENSES \$ 763,609. INCLUDING GRANTS OF \$ 279,707. REVENUE \$ 884,401.

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.

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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 XIII, 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 XIII, 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 ▶ \$ _____

2012 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

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

228102 05-01-12

(D) - Asset disposed

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

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
46	XEROX - SOUTH EL MONTE	092806SL	SL	7.00	16	7,185.			7,185.	5,900.		1,026.
47	TELEPHONE SYSTEM -- SOUTH EL MONTE	092805SL	SL	10.00	16	19,848.			19,848.	11,414.		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.	73,900.		9,142.
44	LAND	060104L	L			152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907SL	SL	15.00	16	16,900.			16,900.	5,729.		1,127.
	* 990 PAGE 10 TOTAL											
	- LA PUENTE ASSET					526,237.		0.	526,237.	79,629.	0.	10,269.
	* GRAND TOTAL 990 PAGE 10 DEPR					711,726.		0.	711,726.	253,278.	0.	13,280.

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions SPIRITT FAMILY SERVICES	Employer identification number (EIN) or 95-2852683
	Number, street, and room or suite no. If a P.O. box, see instructions. 13135 BARTON RD	Social security number (SSN)
	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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.

- I request an additional 3-month extension of time until **MAY 15, 2014**.
- For calendar year _____, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension _____

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

Signature and Verification must be completed for Part II only.

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

Signature **▶** _____ Title **▶ EXECUTIVE DIRECTOR** Date **▶** _____

2012 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.

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPIRITT FAMILY SERVICES

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46	XEROX - SOUTH EL MONTE	092806SL	SL	7.00	16	7,185.			7,185.	5,900.		1,026.
47	TELEPHONE SYSTEM - SOUTH EL MONTE	092806SL	SL	10.00	16	19,848.			19,848.	11,414.		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.	73,900.		9,142.
44	LAND	060104L	L			152,801.			152,801.			0.
48	ROOF - LA PUENTE	052907SL	SL	15.00	16	16,900.			16,900.	5,729.		1,127.
	* 990 PAGE 10 TOTAL											
	- LA PUENTE ASSET					526,237.		0.	526,237.	79,629.	0.	10,269.
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	PAGE 10 DEPR											