



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED APR 17 2012
EXTENSION DUE DATE MAY 15, 2012

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

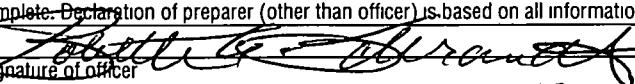
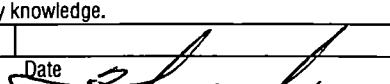
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LIVINGSTON AREA COUNCIL AGAINST SPOUSE ABUSE, INC. Doing Business As LACASA Number and street (or P.O. box if mail is not delivered to street address) 2895 W GRAND RIVER City or town, state or country, and ZIP + 4 HOWELL, MI 48843		D Employer identification number 38-2370824
			E Telephone number 517-548-1350
			G Gross receipts \$ 1,173,738.
			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 ►
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: ► LACASA1.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation: 1981 M State of legal domicile: MI		

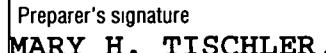
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SERVICES FOR PRIMARY AND SECONDARY VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILDREN		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	40
	6 Total number of volunteers (estimate if necessary)	6	659
	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)	930,613.	1,117,642.	
9 Program service revenue (Part VIII, line 2g)	37,510.	29,447.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,045.	13,144.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,036.	639.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	976,132.	1,160,872.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,287.	27,517.	
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)	742,088.	839,231.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ► 38,576.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	345,674.	366,437.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,103,049.	1,233,185.	
19 Revenue less expenses. Subtract line 18 from line 12	-126,917.	-72,313.	
Net Assets or Fund Balances	RECEIVED MAR 28 2012 RS OSC	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,467,689.	2,397,108.	
21 Total liabilities (Part X, line 26)	73,304.	79,031.	
22 Net assets or fund balances. Subtract line 21 from line 20	2,394,385.	2,318,077.	

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 
	► BOBETTE SCHRANDT, EXECUTIVE DIRECTOR & CEO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARY H. TISCHLER, CPA	Preparer's signature 	Date 03/19/12	Check if self-employed <input type="checkbox"/>	PTIN (586)772-8100
	Firm's name GODFREY HAMMEL, DANNEELS & CO., P.C.			Firm's EIN ►	
	Firm's address 21420 GREATER MACK AVENUE ST. CLAIR SHORES, MI 48080-2353			Phone no.	(586)772-8100

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.

Form 990 (2010)

38-2370824 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

LACASA BELIEVES THE CRIMES OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE MUST BE ELIMINATED FROM OUR SOCIETY; THEREFORE, LACASA SUPPORTS AND SHELTERS VICTIMIZED ADULTS AND CHILDREN, EDUCATES THE COMMUNITY, AND ENCOURAGES POSITIVE ACTION.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 360,674. including grants of \$ 0.) (Revenue \$ 0.)

DOMESTIC VIOLENCE SERVICES:

PROVIDES COUNSELING, SHELTER, LEGAL ADVOCACY, EDUCATION, AND SUPPORT TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR FAMILIES AND FRIENDS. OUR WORK WITH SURVIVORS AND THEIR FAMILY/FRIENDS IS CLIENT-CENTERED, CONFIDENTIAL, NONJUDGMENTAL, AND FOCUSED ON AN EMPOWERMENT MODEL. THERE IS NO CHARGE FOR THE SERVICES TO SURVIVORS AND THEIR FAMILY/FRIENDS. IN 2011, 3,075 NIGHTS OF SHELTER WERE PROVIDED FOR 150 SURVIVORS. SHELTER PROVIDES A SECURE, CONFIDENTIAL AND NON-VIOLENT ENVIRONMENT SAFE FROM ABUSE. LACASA'S ON-SITE ANIMAL KENNEL PROVIDED 334 NIGHTS OF ANIMAL SHELTER FOR FAMILY PETS. THE LEGAL ADVOCACY PROGRAM PROVIDED 820 SURVIVORS ASSISTANCE WITH THE CRIMINAL JUSTICE SYSTEM. LACASA'S 24-HOUR ON-CALL SERVICE PROVIDED SUPPORT TO 340

4b (Code:) (Expenses \$ 254,714. including grants of \$ 0.) (Revenue \$ 0.)

SEXUAL ASSAULT PROGRAM:

SEXUAL ASSAULT PROGRAM IS A CRISIS INTERVENTION PROGRAM DESIGNED TO RESPOND TO NEEDS OF SEXUAL ASSAULT VICTIMS AND THEIR FAMILIES AND FRIENDS. SEXUAL ASSAULT COUNSELING WAS PROVIDED FOR 191 SURVIVORS IN 2011. THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROVIDED FORENSIC EVIDENCE COLLECTION AND MEDICAL TREATMENT FOR 8 VICTIMS OF SEXUAL ASSAULT IN ACCORDANCE WITH STANDARDS OF PRACTICE ESTABLISHED BY THE INTERNATIONAL ASSOCIATION OF FORENSIC NURSES (IAFN).

4c (Code:) (Expenses \$ 191,227. including grants of \$ 0.) (Revenue \$ 0.)

TRANSITIONAL HOUSING SERVICES:

PROVIDES TRANSITIONAL HOUSING AND SUPPORT SERVICES TO DOMESTIC VIOLENCE VICTIMS AND THEIR DEPENDENT CHILDREN. 7,605 NIGHTS OF SAFE, AFFORDABLE HOUSING AND SUPPORTIVE SERVICES (COUNSELING AND CASE MANAGEMENT) WERE PROVIDED FOR 11 FAMILIES IN THE TRANSITIONAL HOUSING PROGRAM IN 2011.

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

(Expenses \$ 254,263. including grants of \$) (Revenue \$ 29,447.)

4e Total program service expenses ► 1,060,878.

Form 990 (2010)

032002
12-21-10

SEE SCHEDULE O FOR CONTINUATION(S)

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824

Page 3

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>	1 <input checked="" type="checkbox"/>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 <input checked="" type="checkbox"/>	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>	3 <input checked="" type="checkbox"/>	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>	4 <input checked="" type="checkbox"/>	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>	5 <input type="checkbox"/>	N/A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 <input checked="" type="checkbox"/>	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>	7 <input checked="" type="checkbox"/>	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>	8 <input checked="" type="checkbox"/>	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>	9 <input checked="" type="checkbox"/>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 <input checked="" type="checkbox"/>	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>	11a <input checked="" type="checkbox"/>	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>	11b <input checked="" type="checkbox"/>	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>	11c <input checked="" type="checkbox"/>	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>	11d <input checked="" type="checkbox"/>	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>	11e <input checked="" type="checkbox"/>	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>	11f <input checked="" type="checkbox"/>	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>	12a <input checked="" type="checkbox"/>	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>	12b <input checked="" type="checkbox"/>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 <input checked="" type="checkbox"/>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14a <input checked="" type="checkbox"/>	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>	14b <input checked="" type="checkbox"/>	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>	15 <input checked="" type="checkbox"/>	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>	16 <input checked="" type="checkbox"/>	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>	17 <input checked="" type="checkbox"/>	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>	18 <input checked="" type="checkbox"/>	X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	19 <input checked="" type="checkbox"/>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20a <input checked="" type="checkbox"/>	X
		20b <input checked="" type="checkbox"/>	X

Form 990 (2010)

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	22	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	23	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	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	25a	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	25b	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? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	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	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations?		
If "Yes," complete Schedule N, Part I	31	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	32	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	33	X
34 Was the organization related to any tax-exempt or taxable entity?		
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
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	36	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	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2010)

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824 Page 5

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	1a	3
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	40
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	<input checked="" type="checkbox"/>
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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)?	4a	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	<input checked="" type="checkbox"/>
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	<input checked="" type="checkbox"/>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	0
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	<input checked="" type="checkbox"/>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	<input checked="" type="checkbox"/>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/A
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
a Did the organization make any taxable distributions under section 4966?	N/A	
b Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	N/A	10b
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	N/A	11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	N/A	12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a
<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b 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	N/A	13b
c Enter the amount of reserves on hand	N/A	13c
14a Did the organization receive any payments for indoor tanning services during the tax year?	N/A	14a
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	N/A	14b

Form 990 (2010)

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824 Page 6

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	1a 18	
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 18	
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?	2	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► MI
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► BOBETTE SCHRANDT - 517-548-1350 2895 W GRAND RIVER, HOWELL, MI 48844

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824 Page 7

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
BOBETTE SCHRANDT <u>EXECUTIVE DIRECTOR</u>	40.00	X	X				63,897.	0.	579.
MICHAEL J MURPHY <u>BOARD CHAIR</u>	3.00	X	X				0.	0.	0.
PAT CLAFFEY <u>VICE CHAIR</u>	2.00	X	X				0.	0.	0.
VALERIE WEBSTER <u>SECRETARY</u>	2.00	X	X				0.	0.	0.
JANICE TROUBA <u>TREASURER</u>	2.00	X	X				0.	0.	0.
SANDIE CORTEZ <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
RON DALY <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
LUCILLE DIEBOLT <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
JUDY HERZOG <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
JON KING <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
KATE LOWRY <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
DANIELLE MAJ <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
MARY MILLAR <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
BONNIE J MILLER <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
DAVID MORSE <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
JACKIE ROGERS <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.
JUDIE SCRANTON <u>BOARD MEMBER</u>	2.00	X					0.	0.	0.

LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.

Form 990 (2010)

38-2370824 Page 8

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

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

	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	3	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	4	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	5	X

Section B. Independent Contractors

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

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

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

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824 Page 9

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 100,925.				
	b Membership dues	1b				
	c Fundraising events	1c 97,050.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 650,122.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 269,545.				
	g Noncash contributions included in lines 1a-1f \$	13,296.				
	h Total. Add lines 1a-1f	► 1117642.				
Program Service Revenue	2 a PROGRAMS-SEE PT III	Business Code 900099	29,447.	29,447.		
	b					
	c					
	d					
	e					
	f All other program service revenue	► 29,447.				
	g Total. Add lines 2a-2f	► 29,447.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	► 13,144.			13,144.	
	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 \$ 97,050. of contributions reported on line 1c). See Part IV, line 18	a 13,505.					
b Less: direct expenses	b 12,866.					
c Net income or (loss) from fundraising events	►	639.			639.	
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	► 1160872.	29,447.	0.	13,783.		
12 Total revenue. See instructions.	►					

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	27,517.	27,517.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,040.	34,520.	34,520.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	666,851.	584,355.	48,229.	34,267.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	40,067.	33,759.	6,308.	
10 Payroll taxes	63,273.	53,149.	7,503.	2,621.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	21,900.	18,396.	3,504.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,466.		2,466.	
g Other	36,233.	33,609.	2,624.	
12 Advertising and promotion	780.		780.	
13 Office expenses	50,523.	38,192.	10,643.	1,688.
14 Information technology				
15 Royalties				
16 Occupancy	127,426.	124,304.	3,122.	
17 Travel	5,347.	4,695.	652.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,724.	10,522.	202.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,187.	62,490.	7,697.	
23 Insurance	15,512.	12,819.	2,693.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	13,551.	12,060.	1,491.	
b TELEPHONE	11,788.	10,491.	1,297.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,233,185.	1,060,878.	133,731.	38,576.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	119,212.1		48,286.
	2 Savings and temporary cash investments	170,398.2		64,322.
	3 Pledges and grants receivable, net	131,467.3		176,182.
	4 Accounts receivable, net	1,652.4		3,786.
	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	11,250.8		12,546.
	9 Prepaid expenses and deferred charges	3,048.9		15,779.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,760,821.		
	b Less: accumulated depreciation	10b 951,407.	1,876,453.10c	1,809,414.
	11 Investments - publicly traded securities		130,463.11	241,500.
	12 Investments - other securities See Part IV, line 11		21,155.12	20,871.
	13 Investments - program-related See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11		2,591.15	4,422.
	16 Total assets. Add lines 1 through 15 (must equal line 34)		2,467,689.16	2,397,108.
Liabilities	17 Accounts payable and accrued expenses	41,842.17		39,088.
	18 Grants payable			18
	19 Deferred revenue		31,462.19	39,943.
	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			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities. Complete Part X of Schedule D			25
	26 Total liabilities. Add lines 17 through 25		73,304.26	79,031.
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	2,329,623.27		2,251,983.
	28 Temporarily restricted net assets	64,762.28		66,094.
	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	2,394,385.33		2,318,077.
	34 Total liabilities and net assets/fund balances	2,467,689.34		2,397,108.

Form 990 (2010)

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Form 990 (2010)

38-2370824 Page 12

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)	1,160,872.
2	Total expenses (must equal Part IX, column (A), line 25)	1,233,185.
3	Revenue less expenses. Subtract line 2 from line 1	-72,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,394,385.
5	Other changes in net assets or fund balances (explain in Schedule O)	-3,995.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	2,318,077.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
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?	2c	<input checked="" type="checkbox"/>
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	3a	<input checked="" type="checkbox"/>
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	3b	<input checked="" type="checkbox"/>

Form 990 (2010)

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

2010

Open to Public
Inspection

Name of the organization **LIVINGSTON AREA COUNCIL AGAINST SPOUSE ABUSE, INC.** Employer identification number **38-2370824**

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?

- (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)

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

LIVINGSTON AREA COUNCIL AGAINST SPOUSE

Schedule A (Form 990 or 990-EZ) 2010 **ABUSE, INC.**

38-2370824 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,158,802.	944,344.	941,816.	930,613.	1,117,642.	5,093,217.
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	1,158,802.	944,344.	941,816.	930,613.	1,117,642.	5,093,217.
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						5,093,217.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,158,802.	944,344.	941,816.	930,613.	1,117,642.	5,093,217.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,729.	23,652.	10,219.	10,045.	13,144.	74,789.
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.)						
11 Total support. Add lines 7 through 10						5,168,006.
12 Gross receipts from related activities, etc. (see instructions)					12	183,981.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.55	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.60	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 ..						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .. .	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
InspectionName of the organization **LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.** Employer identification number **38-2370824****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? Yes 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 confering impermissible private benefit? Yes 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
2a	
2b	
2c	
2d	

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 ► \$ _____

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Schedule D (Form 990) 2010

38-2370824 Page 2

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

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

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
1c	
1d	
1e	
1f	

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	260,728.	250,528.	259,639.		
b Contributions					
c Net investment earnings, gains, and losses	4,636.	14,656.	2,480.		
d Grants or scholarships	-527.	1,776.	1,294.		
e Other expenditures for facilities and programs			7,855.		
f Administrative expenses	2,466.	2,680.	2,442.		
g End of year balance	262,371.	260,728.	250,528.		

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

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► .00 %

c Term endowment ► .00 %

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		63,704.			63,704.
b Buildings		2,196,356.	531,977.	1,664,379.	
c Leasehold improvements		112,043.	41,304.	70,739.	
d Equipment		388,718.	378,126.		10,592.
e Other					

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 1,809,414.

Schedule D (Form 990) 2010

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Schedule D (Form 990) 2010

38-2370824 Page 3

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

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

2. FIN 48 (ASC 740)

032053
12-20-10

Schedule D (Form 990) 2010

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Schedule D (Form 990) 2010

38-2370824 Page 4

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	1,160,872.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,233,185.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-72,313.
4	Net unrealized gains (losses) on investments	4	-3,995.
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	-3,995.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-76,308.

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	1,169,743.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-3,995.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	12,866.
e	Add lines 2a through 2d	2e	8,871.
3	Subtract line 2e from line 1	3	1,160,872.
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	1,160,872.

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

1	Total expenses and losses per audited financial statements	1	1,246,051.
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	12,866.
e	Add lines 2a through 2d	2e	12,866.
3	Subtract line 2e from line 1	3	1,233,185.
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	1,233,185.

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 V, LINE 4: THE ENDOWMENT FUNDS ARE INTENDED TO GENERATE FUTURE

**EARNINGS THAT WILL BE UTILIZED FOR FUTURE OPERATING CAPITAL NECESSARY TO
FULFILL THE ORGANIZATIONS TAX EXEMPT PURPOSE.**

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 12,866.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2010

032054
12-20-10

LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.

Schedule D (Form 990) 2010

38-2370824 Page 5

Part XIV Supplemental Information (continued)

FUNDRAISING EXPENSES 12,866.

PART X LINE 2 FIN 48 FOOTNOTE - INCOME TAX STATUS

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME AND RELATED STATE TAXES
UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISIONS
FOR INCOME TAXES HAVE BEEN RECORDED IN THE ACCOMPANYING FINANCIAL
STATEMENTS. IN ADDITION, THE ORGANIZATION IS NOT CLASSIFIED AS A "PRIVATE
FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE
CODE.

FASB (ASC) TOPIC NO. 740, INCOME TAXES, PRESCRIBES THE MINIMUM RECOGNITION
THRESHOLD AND MEASUREMENT ATTRIBUTE FOR DISCLOSURE OF TAX POSITIONS
PREVIOUSLY TAKEN OR EXPECTED TO BE TAKEN ON AN INCOME TAX RETURN, IN ORDER
FOR THOSE TAX POSITIONS TO BE RECOGNIZED IN THE ORGANIZATION'S FINANCIAL
STATEMENTS. UNDER FASB ASC TOPIC NO. 740, THE ORGANIZATION'S CONTINUED
STATUS AS AN EXEMPT ORGANIZATION IS CONSIDERED TO BE A "TAX POSITION" IN
THAT THE ORGANIZATION MUST ADHERE TO VARIOUS REQUIREMENTS TO REMAIN
TAX-EXEMPT. IN ADDITION, ANY ORGANIZATION ACTIVITIES THAT MAY SUBJECT IT
TO "UNRELATED BUSINESS TAXABLE INCOME" ARE ALSO CONSIDERED TAX POSITIONS.
MANAGEMENT HAS ANALYZED THE ORGANIZATION'S MATERIAL TAX POSITIONS AS OF
OCTOBER 1, 2010 AND 2009 AND AS OF SEPTEMBER 30, 2011 AND 2010 AND HAS
DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS EXIST THAT REQUIRE
RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL
INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.

Schedule D (Form 990) 2010

38-2370824 Page 5

Part XIV Supplemental Information (continued)

PART V LINE 4 - ENDOWMENT FUND FOOTNOTE:

RETURN OBJECTIVES AND RISK PARAMETERS

LACASA HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR BOARD DESIGNATED ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS OF THE ORGANIZATION WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE BOARD DESIGNATED ENDOWMENT ASSETS. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF DIRECTORS, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER TO MAXIMIZE RETURN WITHIN PRUDENT LEVELS OF RISK, AND TO OBTAIN A POSITIVE TOTAL RETURN WHILE MINIMIZING THE POTENTIAL OF A SIGNIFICANT LOSS.

STRATEGIES EMPLOYED FOR ACHIEVING OBJECTIVES

TO SATISFY ITS LONG-TERM REASONABLE GROWTH OBJECTIVES, THE ORGANIZATION RELIES ON A PRESERVATION OF PRINCIPLE AND PRUDENT RETURN STRATEGY WHERE INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE ORGANIZATION UTILIZES A CONSERVATIVE ASSET ALLOCATION APPROACH WITH A GREATER EMPHASIS ON FIXED INCOME INVESTMENTS AND CASH EQUIVALENTS AS COMPARED TO EQUITY INVESTMENTS.

SPENDING POLICY AND HOW THE INVESTMENT OBJECTIVES RELATE TO SPENDING POLICY

THE ORGANIZATION'S POLICY IS TO DISTRIBUTE EARNINGS FOR THE UNRESTRICTED GENERAL USE OF THE ORGANIZATION SO LONG AS THE PRINCIPLE BALANCE IS PRESERVED.

FOR ENDOWMENT ASSETS HELD BY THE COMMUNITY FOUNDATION, THE COMMUNITY

Schedule D (Form 990) 2010

032055
12-20-10

LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE - INC.

Schedule D (Form 990) 2010

38-2370824 Page 5

Part XIV Supplemental Information (continued)

FOUNDATION HAS ESTABLISHED THE RETURN OBJECTIVES, RISK PARAMETERS, AND
STRATEGIES FOR ACHIEVING OBJECTIVES. ADDITIONALLY, THE SPENDING POLICY
FOR THESE FUNDS IS PURSUANT TO THE AGREEMENT BETWEEN THE ORGANIZATION AND
THE COMMUNITY FOUNDATION.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization	LIVINGSTON AREA COUNCIL AGAINST SPOUSE ABUSE, INC.	Employer identification number 38-2370824
--------------------------	---	--

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LIVINGSTON AREA COUNCIL AGAINST SPOUSE

Schedule G (Form 990 or 990-EZ) 2010 **ABUSE, INC.**

38-2370824 Page 2

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

Revenue	DECK THE HALLS (event type)	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GARDEN TOUR/TWILIGH		1	
		(event type)	(total number)		
1 Gross receipts		37,310.	56,432.	16,813.	110,555.
2 Less Charitable contributions		30,935.	49,302.	16,813.	97,050.
3 Gross income (line 1 minus line 2)		6,375.	7,130.		13,505.
4 Cash prizes					
5 Noncash prizes					
6 Rent/facility costs					
7 Food and beverages		2,100.	1,944.		4,044.
8 Entertainment					
9 Other direct expenses		2,821.	5,078.	923.	8,822.
10 Direct expense summary. Add lines 4 through 9 in column (d)					► (12,866)
11 Net income summary. Combine line 3, column (d), and line 10					► 639.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue					
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: _____

LIVINGSTON AREA COUNCIL AGAINST SPOUSE

Schedule G (Form 990 or 990-EZ) 2010 ABUSE, INC.

38-2370824 Page 3

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
ABUSE, INC.**

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part V, 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
TRANSITIONAL HOUSING FOR VICTIMS OF DOMESTIC ABUSE	30	0	27,517. FMV		PROVIDE TRANSITIONAL HOUSING FOR VICTIMS OF DOMESTIC ABUSE

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization	LIVINGSTON AREA COUNCIL AGAINST SPOUSE ABUSE, INC.	Employer identification number 38-2370824
--------------------------	---	--

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

ABUSE

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

SURVIVORS WHEN AN ASSAULT WAS REPORTED TO POLICE OR MEDICAL PERSONNEL.

ON-CALL TEAMS RESPOND TO 340 CALLS BY OFFERING SURVIVORS INFORMATION

AND REFERRALS, ADVOCACY AND ASSISTANCE WITH SAFETY PLANNING FOR

SURVIVORS. 24-HOUR TOLL-FREE CRISIS LINE SUPPORT IS AVAILABLE 365 DAYS

A YEAR AND 2,661 CLIENTS RECEIVED ASSISTANCE THROUGH THE CRISIS LINE.

INDIVIDUAL AND GROUP COUNSELING IS AVAILABLE TO SURVIVORS TO EXPLORE

FEELINGS, CLARIFY ISSUES, REVIEWS OPTIONS AND CREATE SAFETY PLANS, 254

ADULT SURVIVORS IN CLINICAL SERVICES AND 71 CHILDREN IN CLINICAL

SERVICES RECEIVED THE SAFETY PLANNING SERVICE. 116 INDIVIDUALS

DEVELOPED SAFETY PLANS THROUGH LACASA PER THE LIVINGSTON COUNTY

PROSECUTORS OFFICE REQUEST. 93 CLIENTS DEVELOPED PERSONAL PROTECTION

ORDERS (PPO) WITH A LEGAL ADVOCATE. IN ADDITION LACASA WORKS WITH

BUSINESSES AND AGENCIES TO IMPROVE THE SYSTEMIC RESPONSE TO DOMESTIC

VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE.

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

PREVENTION AND EDUCATION:

PROVIDES COMMUNITY PREVENTION, EDUCATION, AND PUBLIC AWARENESS ABOUT

DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, SEXUAL HARRASSMENT,

AND CHILD ABUSE. THROUGH THE YEAR 99 COMMUNITY PRESENTATIONS WERE

PROVIDED REACHING 1,748 INDIVIDUALS FROM BUSINESS, FAITH COMMUNITY,

CRIMINAL JUSTICE, HUMAN SERVICE AGENCIES, MEDICAL PERSONNEL, CHILD CARE

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

032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization	LIVINGSTON AREA COUNCIL AGAINST SPOUSE ABUSE, INC.
--------------------------	---

Employer identification number	38-2370824
--------------------------------	------------

PROVIDERS, EMERGENCY RESPONSE, AND SUBSTANCE ABUSE PROVIDERS. 225
YOUTH PRESENTATIONS WERE PROVIDED IN THE MIDDLE AND HIGH SCHOOLS
REACHING 7,367 YOUTH.

EXPENSES \$ 46,966. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ASSAILANT COUNSELING SERVICES:

PROVIDES COUNSELING TO ADULT AND YOUTH WHO PERPETRATED VIOLENCE IN
THEIR FAMILIES OR COMMUNITY. IN 2011, THE DOMESTIC ABUSE INTERVENTION
PROGRAM PROVIDED PSYCHO-EDUCATION SERVICES FOR 121 INDIVIDUALS
ASSAILANTS WHO USE VIOLENCE, THREATS AND/OR FORCE IN THEIR
RELATIONSHIPS.

THE CASA PROGRAM TAKES SCREENED AND TRAINED COMMUNITY VOLUNTEERS AND
APPOINTS THEM TO A CASE IN THE CHILD ABUSE AND NEGLECT COURT SYSTEM.
THE VOLUNTEER STAYS WITH THE CASE UNTIL PERMANENCY IS ATTAINED FOR THE
CHILD. THERE ARE CURRENTLY 22 VOLUNTEERS ASSIGNED TO CASES, SERVING A
TOTAL OF 41 CHILDREN. ADDITIONAL VOLUNTEERS WILL BE TRAINED IN THE
UPCOMING YEAR.

EXPENSES \$ 29,977. INCLUDING GRANTS OF \$ 0. REVENUE \$ 29,447.

CHILD ABUSE SERVICES:

PROVIDES COUNSELING, ADVOCACY AND SUPPORT SERVICES TO VICTIMS OF CHILD
ABUSE. ALSO PROVIDES A COORDINATED PROCESS FOR INTERVIEWING CHILDREN
WHO HAVE BEEN SEVERELY PHYSICALLY ABUSED OR SEXUALLY ABUSED. THE CHILD
ABUSE RESPONSE EFFORT (CARE) PROJECT PROVIDES A SAFE AND
NON-THREATENING ENVIRONMENT FOR CHILDREN TO COMPLETE A FORENSIC
INTERVIEW. THE CHILD ABUSE RESPONSE EFFORT (CARE) CONDUCTED 172
FORENSIC CHILDREN ABUSE INTERVIEWS IN 2011.

Name of the organization	LIVINGSTON AREA COUNCIL AGAINST SPOUSE ABUSE, INC.
--------------------------	---

Employer identification number	38-2370824
--------------------------------	------------

EXPENSES \$ 69,611. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILDREN'S PROGRAMS:

PROVIDES SHELTER, SUPPORT, AND COUNSELING TO CHILDREN WHO HAVE
EXPERIENCED DOMESTIC OR SEXUAL VIOLENCE. DURING 2011, 298 CHILDREN
RECEIVED CLINICAL GROUP SERVICES AND INDIVIDUAL CLINICAL SERVICES TO
ADDRESS ISSUES OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND
PHYSICAL/VERBAL ABUSE.

EXPENSES \$ 107,709. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S BOARD OF
DIRECTORS MEETS AND REVIEWS THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE BOARD OF DIRECTORS
AND MANAGEMENT EMPLOYEES COMPLETE A CONFLICT OF INTEREST FORM AND THE
EXECUTIVE DIRECTOR REVIEWS ALL THE SUBMISSIONS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES
APPROPRIATE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -3,995.

FORM 990 PG 12 PART XI LINE 2C

NO CHANGE

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization **LIVINGSTON AREA COUNCIL AGAINST SPOUSE ABUSE, INC.**

Employer identification number
38-2370824