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EXTENSION DUE DATE MAY 15, 2012

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

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

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

Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ 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

Room/suite

City or town, state or country, and ZIP + 4

HOWELL, MI 48843**F** Name and address of principal officer: **BOBETTE SCHRANDT****SAME AS C ABOVE****D** Employer identification number**38-2370824****E** Telephone number**517-548-1350****G** Gross receipts \$ **1,173,738.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **LACASA1.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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.		
	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
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	930,613.	1,117,642.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,510.	29,447.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,045.	13,144.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,036.	639.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	976,132.	1,160,872.
14		Benefits paid to or for members (Part IX, column (A), line 4)	15,287.	27,517.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	742,088.	839,231.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	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.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,467,689.	2,397,108.
	22	Net assets or fund balances. Subtract line 21 from line 20	73,304.	79,031.
			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	3/23/12
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	MARY H. TISCHLER, CPA	MARY H. TISCHLER, C
	Firm's name	Firm's EIN
	GODFREY HAMMEL, DANNEELS & CO., P.C.	
	Firm's address	Phone no.
	21420 GREATER MACK AVENUE	(586) 772-8100
	ST. CLAIR SHORES, MI 48080-2353	

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

☒ Yes ☐ No

032001 02-22-11

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED APR 17 2012

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LIVINGSTON AREA COUNCIL AGAINST SPOUSE

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ABUSE, INC.

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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:

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.

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

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Part IV Checklist of Required Schedules

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

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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		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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? 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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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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		
c	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		
b	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
b	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
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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?		X
b	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).		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
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?		
9	Sponsoring organizations maintaining donor advised funds.		
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	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
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? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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	18	
b Enter the number of voting members included in line 1a, above, who are independent	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
b 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?	10b	
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	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
BOBETTE SCHRANDT - 517-548-1350
2895 W GRAND RIVER, HOWELL, MI 48844

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**LIVINGSTON AREA COUNCIL AGAINST SPOUSE
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

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

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

Form 990 (2010)

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARIA STUART BOARD MEMBER	2.00	X						0.	0.	0.
DAVID SWINK BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								63,897.	0.	579.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								63,897.	0.	579.

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 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **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)

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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.			
	2 a <u>PROGRAMS-SEE PT III</u>	Business Code 900099	29,447.	29,447.		
b						
c						
d						
e						
f All other program service revenue						
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						
12 Total revenue. See instructions.		1160872.	29,447.	0.	13,783.	

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

Form 990 (2010)

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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)

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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	2,760,821.		
	10b Less: accumulated depreciation	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)

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

Part XII Financial Statements and Reporting

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

☒

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

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

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number
38-2370824

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? ☐ Yes ☐ No

(ii) A family member of a person described in (i) above? ☐ Yes ☐ No

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐ Yes ☐ No

h Provide the following information about the supported organization(s)

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

LIVINGSTON AREA COUNCIL AGAINST SPOUSE

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

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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

2010

Open to Public
Inspection

Name 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?		<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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		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

Schedule D (Form 990) 2010

ABUSE, INC.

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.) ►	

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

032053
12-20-10

Schedule D (Form 990) 2010

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

Schedule D (Form 990) 2010

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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

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

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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

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.

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.

OMB No 1545-0047

2010

Open To Public Inspection

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** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 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.

[illegible]

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

		(a) Event #1 DECK THE HALLS (event type)	(b) Event #2 GARDEN TOUR/TWILIGHT (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	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.
Direct Expenses	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

		(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				
	2 Cash prizes				
Direct Expenses	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 G (Form 990 or 990-EZ) 2010 **ABUSE, INC.**

38-2370824 Page 3

- | | | |
|---|------------------------------|-----------------------------|
| 11 Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 (iii) 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).

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.

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

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

Part II

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

[illegible]

- | | |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

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.

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

032211
01-24-11

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

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