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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 59-2114359	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		E Telephone number (727) 895-4912	
C Name of organization COMMUNITY ACTION STOPS ABUSE INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 414 City or town, state or country, and ZIP + 4 SAINT PETERSBURG, FL 337310414		G Gross receipts \$ 3,630,788	
F Name and address of principal officer LINDA A OSMUNDSON EXECUTIVE DIR PO BOX 414 SAINT PETERSBURG, FL 337310414		H(a) Is this a group return for 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: ▶ WWW.CASA-STPETE.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1977 M State of legal domicile FL	

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S (CASA) VISION IS A COMMUNITY WITHOUT DOMESTIC VIOLENCE SO THAT HOME IS A SAFE PLACE CASA'S MISSION IS TO RAISE OUR VOICES AGAINST VIOLENCE THROUGH ADVOCACY, EMPOWERMENT AND SOCIAL CHANGE		
	2 Check this box ☒ 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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	191
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,302,526	3,509,125
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,582	56,210
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,116	53,303
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-13,996	-7,835
		3,372,228	3,610,803
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . .	233,546	153,247
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,075,095	2,146,321
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 184,168		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	974,287	899,934
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,282,928	3,199,502
	19 Revenue less expenses Subtract line 18 from line 12	89,300	411,301
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,228,935	5,488,697
	21 Total liabilities (Part X, line 26)	1,303,781	1,211,103
	22 Net assets or fund balances Subtract line 21 from line 20	3,925,154	4,277,594

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	2012-10-09 Date		
	LINDA A OSMUNDSON EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature BYRON C SMITH CPA	Date 2012-10-10	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GREGORY SHARER & STUART PA 100 2ND AVE SOUTH STE 600 SAINT PETERSBURG, FL 337014336			EIN
			Phone no (727) 821-6161	
May the IRS discuss this return with the preparer shown above? (see instructions)				☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

THE ORGANIZATION'S (CASA) VISION IS A COMMUNITY WITHOUT DOMESTIC VIOLENCE SO THAT HOME IS A SAFE PLACE
CASA'S MISSION IS TO RAISE OUR VOICES AGAINST VIOLENCE THROUGH ADVOCACY, EMPOWERMENT AND SOCIAL CHANGE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 2,616,087 including grants of \$ 153,247) (Revenue \$ 56,210)

CASA PROVIDES SERVICES TO SURVIVORS OF DOMESTIC VIOLENCE REGARDLESS OF RACE, CLASS, AGE, RELIGION, ABILITY, MARITAL STATUS OR SEXUAL ORIENTATION. ONE OF 42 CERTIFIED DOMESTIC VIOLENCE CENTER MEMBERS OF THE FLORIDA COALITION AGAINST DOMESTIC VIOLENCE, CASA SERVES SOUTHERN PINELLAS COUNTY. THE LINK TO OUR SERVICES IS OUR 24-HOUR CRISIS LINE - 727-895-4912. TRAINED ADVOCATES WILL PROVIDE CRISIS INTERVENTION, SAFETY PLANNING, INFORMATION AND REFERRALS TO DOMESTIC VIOLENCE SURVIVORS AND THOSE WHO MAY BE ASSISTING THEM. EMERGENCY SHELTER PROVIDES REFUGE, CRISIS INTERVENTION, AND ADVOCACY FOR UP TO 45 DAYS WHEN HOME IS NOT SAFE. THE SHELTER HAS 30 BEDS, AND ABOUT 300 BATTERED WOMEN AND CHILDREN FIND SANCTUARY ANNUALLY. SHELTER RESIDENTS RECEIVE CLOTHING, FOOD, AND PERSONAL ITEMS. CASA GATEWAY TRANSITIONAL HOUSING PROVIDES 14 INDIVIDUAL APARTMENTS AND AN ACTIVE PROGRAM FOR FAMILIES TRANSITIONING FROM SHELTER FOR UP TO TWO YEARS WHILE THEY REBUILD THEIR LIVES. GATEWAY YOUTH CENTER IS A UNIQUE PARTNERSHIP WITH THE R'CLUB, JUVENILE WELFARE BOARD AND PINELLAS COUNTY COORDINATED CHILDCARE AND PROVIDES CASA WITH A LICENSED AFTER SCHOOL CHILD CARE PROGRAM AND FULL TIME SUMMER PROGRAM. CASA'S COMMUNITY EDUCATION PROGRAM PROVIDES PRESENTATIONS AND WORKSHOPS TO MEDIA, CIVIC, FRATERNAL, PROFESSIONAL, RELIGIOUS, SCHOOL, NEIGHBORHOOD AND OTHER GROUPS ANNUALLY. THE PEACEMAKER PROGRAM PROVIDES HOLISTIC PEACE EDUCATION FOR PRESCHOOLERS, ELEMENTARY AND MIDDLE SCHOOL CHILDREN IN A WIDE VARIETY OF CLASSROOMS AND SCHOOLS THROUGHOUT PINELLAS COUNTY. THE VISITATION CENTER PROVIDES COURT ORDERED SUPERVISED VISITATION AND MONITORED EXCHANGES OF CHILDREN FOR RESIDENTIAL AND NON-RESIDENTIAL PARENTS. THE CENTER PROVIDES SAFE, AFFORDABLE, SUPERVISED VISITATION AND MONITORED EXCHANGE FOR FAMILIES COURT-ORDERED INTO THE PROGRAM. ERT (EMERGENCY RESPONSE TEAM) PROVIDES SERVICES TO CHILDREN AND FAMILIES REFERRED BY THE CHILD PROTECTIVE INVESTIGATOR. THESE ARE FAMILIES WHO ARE EXPERIENCING AN ACUTE CRISIS RELATED TO MENTAL HEALTH, SUBSTANCE ABUSE, AND/OR DOMESTIC VIOLENCE THAT IMPACTS THE SAFETY AND THE STABILITY OF THE CHILDREN IN THE HOME. CASA'S INNOVATIVE SUBSTANCE ABUSE PROGRAM RECOGNIZES THE PERILOUS INTERCONNECTION BETWEEN SUBSTANCE ABUSE AND BATTERING. SERVICES ARE PROVIDED FOR CHILDREN AND FAMILIES DUALY AFFECTED BY DOMESTIC VIOLENCE AND SUBSTANCE ABUSE WHO PARTICIPATE IN CASA'S COMMUNITY SUPPORT GROUPS OR PARTICIPATE IN LOCAL SUBSTANCE ABUSE TREATMENT PROGRAMS. CASA'S LEGAL AND COURT ADVOCACY PROGRAM OFFERS ASSISTANCE AND SUPPORT TO SURVIVORS UTILIZING THE CIVIL AND CRIMINAL JUSTICE SYSTEM. STAFF MEETS SURVIVORS AT THE CRIMINAL COURT TO ASSIST VICTIMS WITH THE COURT PROCEEDINGS. STAFF ALSO ASSISTS SURVIVORS AT THE CLERK OF COURT MAKING APPLICATION FOR INJUNCTIONS FOR PROTECTION. CASA ALSO ASSISTS DOMESTIC VIOLENCE VICTIMS ARRESTED FOR DEFENDING THEMSELVES. COMMUNITY-BASED WEEKLY SUPPORT GROUPS AND INDIVIDUAL CRISIS COUNSELING FOR VICTIMS NOT IN CASA'S SHELTER PROVIDE SUPPORT TO THOSE IN CRISIS. PARTICIPANTS LEARN ABOUT DOMESTIC VIOLENCE, COMMUNITY RESOURCES AND DEVELOP SAFETY PLANS FOR THEMSELVES AND THEIR CHILDREN. THE GOAL OF CASA'S PROGRAM IS TO REDUCE THE INCIDENCE OF DOMESTIC VIOLENCE BY PROVIDING FAMILIES WITH ADEQUATE RESOURCES FOR A SAFE LIVING SITUATION AND A REALISTIC SAFETY PLAN, TO HELP THEM ACHIEVE STABLE, VIOLENCE-FREE LIVES.

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 2,616,087

Form 990 (2011)

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

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					Yes No				
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable					1a	6	1c		
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?									
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	68	2b	Yes	
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)									
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?					3a		3b		No
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 or securities account)?					4a				
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?					5a		5b		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
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		6b		No
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?					7a	Yes	7b	Yes	
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?					7c				
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?					7e		7f		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					7h		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?									
9 Sponsoring organizations maintaining donor advised funds.									
a Did the organization make any taxable distributions under section 4966?					9a		9b		
b Did the organization make a distribution to a donor, donor advisor, or related person?									
10 Section 501(c)(7) organizations. Enter									
a Initiation fees and capital contributions included on Part VIII, line 12					10a		10b		
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					11a		11b		
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?					12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13 Section 501(c)(29) qualified nonprofit health insurance issuers.									
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state					13a		13b		
b Enter the aggregate 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 aggregate amount of reserves on hand					13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?					14a		14b		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O									

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	DIANE HINCKLEY PO BOX 414 ST PETERSBURG,FL 337310414 (727) 895-4912

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BARNUM DIRECTOR	50	X						0	0	0
(2) MAJOR PHILLIP BEAHN DIRECTOR	50	X						0	0	0
(3) DON CULPEPPER VICE PRESIDE	50	X						0	0	0
(4) AMY CUYKENDALL DIRECTOR	50	X						0	0	0
(5) TRUDY HOWE PRESIDENT	50	X						0	0	0
(6) ANDREW JACOBSEN DIRECTOR	50	X						0	0	0
(7) SHEILA KING DIRECTOR	50	X						0	0	0
(8) JEAN KRAUSE DIRECTOR	50	X						0	0	0
(9) ERIC LUDIN DIRECTOR	50	X						0	0	0
(10) PATTY ROBINSON DIRECTOR	50	X						0	0	0
(11) AMANDA MEADOWS SECRETARY	50	X						0	0	0
(12) TOM STECK DIRECTOR	50	X						0	0	0
(13) GAELYNN THURMAN DIRECTOR	50	X						0	0	0
(14) NICHOLAS MCDEVITT DIRECTOR	50	X						0	0	0
(15) ANN WORTHINGTON TREASURER	50	X						0	0	0
(16) LINDA OSMUNDSON EXEC DIR	40 00			X				118,887	0	9,557
(17) DIANE HINCKLEY FIN DIR	40 00			X				73,208	0	8,203

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	262,716		26,102

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	1,998			
	b	Membership dues	1b				
	c	Fundraising events	1c	164,288			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,868,960			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,473,879			
	g	Noncash contributions included in lines 1a-1f \$ 481,706					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	PROGRAM FEES		56,210	56,210		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			56,210		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		53,303			53,303
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 164,288 of contributions reported on line 1c) See Part IV, line 18					
		a	12,150				
	b	Less direct expenses		19,985	-7,835		-7,835
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			3,610,803	56,210		45,468

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	116,049	116,049		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	37,198	37,198		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	288,817	155,732	94,551	38,534
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,499,646	1,228,493	180,174	90,979
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	159,292	127,405	25,720	6,167
10	Payroll taxes	198,566	139,585	41,145	17,836
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	20,868	15,004	3,950	1,914
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	22,632	27,981	-1,407	-3,942
12	Advertising and promotion	825	345	105	375
13	Office expenses	81,349	59,883	8,509	12,957
14	Information technology				
15	Royalties				
16	Occupancy	206,565	178,039	16,545	11,981
17	Travel	34,981	32,499	2,395	87
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,306	1,966	4,688	2,652
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	162,990	150,717	8,410	3,863
23	Insurance	43,676	37,266	5,139	1,271
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	THRIFT SHOP EXPENSES	240,281	240,281		
b	SUPPLIES	51,930	43,190	3,413	5,327
c	CLIENT ASSISTANCE - PRGMS	33,079	32,895		184
d	EMPLOYEE & VOLUNTEER DEVE	19,288	13,632	5,763	-107
e					
f	All other expenses	-27,836	-22,073	147	-5,910
25	Total functional expenses. Add lines 1 through 24f	3,199,502	2,616,087	399,247	184,168
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			136,945	1	213,383
	2	Savings and temporary cash investments			205,156	2	126,410
	3	Pledges and grants receivable, net			692,952	3	542,456
	4	Accounts receivable, net			23	4	
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			39,000	8	40,000
	9	Prepaid expenses and deferred charges			60,283	9	62,364
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	5,037,879			
	b	Less: accumulated depreciation	10b	2,732,077	2,375,588	10c	2,305,802
	11	Investments—publicly traded securities			1,708,057	11	2,187,654
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10,931	15	10,628
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,228,935	16	5,488,697
Liabilities	17	Accounts payable and accrued expenses			239,978	17	167,164
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,063,803	23	1,043,939
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,303,781	26	1,211,103
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,500,945	27	3,860,768
	28	Temporarily restricted net assets			424,209	28	416,826
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ 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			3,925,154	33	4,277,594
	34	Total liabilities and net assets/fund balances			5,228,935	34	5,488,697

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	3,610,803
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,199,502
3	Revenue less expenses Subtract line 2 from line 1	3	411,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,925,154
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-58,861
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	4,277,594

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 ☐ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization COMMUNITY ACTION STOPS ABUSE INC	Employer identification number 59-2114359
--	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,349,836	3,242,234	3,724,911	3,302,526	3,509,125	17,128,632
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	3,349,836	3,242,234	3,724,911	3,302,526	3,509,125	17,128,632
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						17,128,632

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,349,836	3,242,234	3,724,911	3,302,526	3,509,125	17,128,632
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,481	30,149	34,114	39,116	53,303	189,163
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						17,317,795

12 Gross receipts from related activities, etc (See instructions)

12304,972

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	98 910 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 060 %

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

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

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

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

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

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

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

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2114359

Name: COMMUNITY ACTION STOPS ABUSE INC

Form 990, Special Condition Description:

Special Condition Description

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
COMMUNITY ACTION STOPS ABUSE INC

Employer identification number

59-2114359

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

Number of states where property subject to conservation easement is located ▶ _____

5

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

☐ 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 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

3

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

a

☐ Public exhibition

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
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	50,000	50,000	25,000	
b	Contributions		25,000		
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	50,000	50,000	50,000	25,000

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

No

3a(ii)

No

b

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

3b

No

4

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		82,100		82,100
b Buildings		2,852,957	1,252,428	1,600,529
c Leasehold improvements		1,383,716	850,362	533,354
d Equipment		564,233	489,523	74,710
e Other		154,873	139,764	15,109
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,305,802

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,610,803
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,199,502
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	411,301
4	Net unrealized gains (losses) on investments	4	-34,782
5	Donated services and use of facilities	5	-9,659
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,420
9	Total adjustments (net) Add lines 4 - 8	9	-58,861
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	352,440

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	3,411,902
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-34,782
b	Donated services and use of facilities	2b	38,523
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	64,209
e	Add lines 2a through 2d	2e	67,950
3	Subtract line 2e from line 1	3	3,343,952
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	266,851
c	Add lines 4a and 4b	4c	266,851
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,610,803

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,059,462
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	48,182
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	64,209
e	Add lines 2a through 2d	2e	112,391
3	Subtract line 2e from line 1	3	2,947,071
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	252,431
c	Add lines 4a and 4b	4c	252,431
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,199,502

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	CASA HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS. TAX YEARS 2009, 2010, AND 2011 ARE OPEN AND SUBJECT TO EXAMINATION BY THE IRS. CASA IS NOT CURRENTLY UNDER AUDIT.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENTS EXPENSE 19,985 BAD DEBT - PLEDGES 44,224 THRIFT SHOP EXPENSES -240,281 DIRECT BENEFIT TO DONOR -12,150 UNAMORTIZED DISCOUNT -14,420 SPECIAL EVENTS EXPENSE -19,985 BAD DEBT - PLEDGES - 44,224 THRIFT SHOP EXPENSES 240,281 DIRECT BENEFIT TO DONOR 12,150
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS EXPENSE 19,985 BAD DEBT - PLEDGES 44,224
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	THRIFT SHOP EXPENSES 240,281 DIRECT BENEFIT TO DONOR 12,150 UNAMORTIZED DISCOUNT 14,420
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENTS EXPENSE 19,985 BAD DEBT - PLEDGES 44,224
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	THRIFT SHOP EXPENSES 240,281 DIRECT BENEFIT TO DONOR 12,150

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

2011

Open to Public
Inspection

Name of the organization
COMMUNITY ACTION STOPS ABUSE INC

Employer identification number
59-2114359

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		PEACE BREAKFAST (event type)	GOOD NIGHT SLEE (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	137,666	38,772	176,438
	2	Less Charitable contributions	129,566	34,722	164,288
	3	Gross income (line 1 minus line 2)	8,100	4,050	12,150
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	3,985	3,011	6,996
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,475	1,514	12,989
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(19,985)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-7,835

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	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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 _____

- 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

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
59-2114359

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

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

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

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMERGENCY FUNDS	40	5,474			
(2) CLOTHING AND HOUSEHOLD	635		31,724	THRIFT	DONATED ITEMS

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	FOR ALL SUBCONTRACTS, THERE ARE REGULAR MEETINGS WITH STAFF PERFORMING SERVICES, MONTHLY REPORTING OF PERFORMANCE MEASURES AND EXPENDITURES FOR PEACEMAKER PROGRAMS

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
COMMUNITY ACTION STOPS ABUSE INC

Employer identification number
59-2114359

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		481,706	THRIFT SHOP VALUES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 If "Yes," describe the arrangement in Part II

32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

33a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	PART I, LINE 31 - THERE IS A BOARD APPROVED GIFT ACCEPTANCE POLICY THAT ADDRESSES THE GUIDELINES EMPLOYEES AND VOLUNTEERS USE TO DETERMINE ACCEPTABLE GIFT ASSETS AND THE PROCESS FOR ACCEPTANCE OF GIFTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
COMMUNITY ACTION STOPS ABUSE INC

Employer identification number
59-2114359

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	RECEIVE CLOTHING, FOOD, AND PERSONAL ITEMS CASA GATEWAY TRANSITIONAL HOUSING PROVIDES 14 INDIVIDUAL APARTMENTS AND AN ACTIVE PROGRAM FOR FAMILIES TRANSITIONING FROM SHELTER FOR UP TO TWO YEARS WHILE THEY REBUILD THEIR LIVES GATEWAY YOUTH CENTER IS A UNIQUE PARTNERSHIP WITH THE R'CLUB, JUVENILE WELFARE BOARD AND PINELLAS COUNTY COORDINATED CHILDCARE AND PROVIDES CASA WITH A LICENSED AFTER SCHOOL CHILD CARE PROGRAM AND FULL TIME SUMMER PROGRAM CASA'S COMMUNITY EDUCATION PROGRAM PROVIDES PRESENTATIONS AND WORKSHOPS TO MEDIA, CIVIC, FRATERNAL, PROFESSIONAL, RELIGIOUS, SCHOOL, NEIGHBORHOOD AND OTHER GROUPS ANNUALLY THE PEACEMAKER PROGRAM PROVIDES HOLISTIC PEACE EDUCATION FOR PRESCHOOLERS, ELEMENTARY AND MIDDLE SCHOOL CHILDREN IN A WIDE VARIETY OF CLASSROOMS AND SCHOOLS THROUGHOUT PINELLAS COUNTY THE VISITATION CENTER PROVIDES COURT ORDERED SUPERVISED VISITATION AND MONITORED EXCHANGES OF CHILDREN FOR RESIDENTIAL AND NON-RESIDENTIAL PARENTS THE CENTER PROVIDES SAFE, AFFORDABLE, SUPERVISED VISITATION AND MONITORED EXCHANGE FOR FAMILIES COURT-ORDERED INTO THE PROGRAM ERT (EMERGENCY RESPONSE TEAM) PROVIDES SERVICES TO CHILDREN AND FAMILIES REFERRED BY THE CHILD PROTECTIVE INVESTIGATOR THESE ARE FAMILIES WHO ARE EXPERIENCING AN ACUTE CRISIS RELATED TO MENTAL HEALTH, SUBSTANCE ABUSE, AND/OR DOMESTIC VIOLENCE THAT IMPACTS THE SAFETY AND THE STABILITY OF THE CHILDREN IN THE HOME CASA'S INNOVATIVE SUBSTANCE ABUSE PROGRAM RECOGNIZES THE PERILOUS INTERCONNECTION BETWEEN SUBSTANCE ABUSE AND BATTERING SERVICES ARE PROVIDED FOR CHILDREN AND FAMILIES DUALLY AFFECTED BY DOMESTIC VIOLENCE AND SUBSTANCE ABUSE WHO PARTICIPATE IN CASA'S COMMUNITY SUPPORT GROUPS OR PARTICIPATE IN LOCAL SUBSTANCE ABUSE TREATMENT PROGRAMS CASA'S LEGAL AND COURT ADVOCACY PROGRAM OFFERS ASSISTANCE AND SUPPORT TO SURVIVORS UTILIZING THE CIVIL AND CRIMINAL JUSTICE SYSTEM STAFF MEETS SURVIVORS AT THE CRIMINAL COURT TO ASSIST VICTIMS WITH THE COURT PROCEEDINGS STAFF ALSO ASSISTS SURVIVORS AT THE CLERK OF COURT MAKING APPLICATION FOR INJUNCTIONS FOR PROTECTION CASA ALSO ASSISTS DOMESTIC VIOLENCE VICTIMS ARRESTED FOR DEFENDING THEMSELVES COMMUNITY-BASED WEEKLY SUPPORT GROUPS AND INDIVIDUAL CRISIS COUNSELING FOR VICTIMS NOT IN CASA'S SHELTER PROVIDE SUPPORT TO THOSE IN CRISIS PARTICIPANTS LEARN ABOUT DOMESTIC VIOLENCE, COMMUNITY RESOURCES AND DEVELOP SAFETY PLANS FOR THEMSELVES AND THEIR CHILDREN THE GOAL OF CASA'S PROGRAM IS TO REDUCE THE INCIDENCE OF DOMESTIC VIOLENCE BY PROVIDING FAMILIES WITH ADEQUATE RESOURCES FOR A SAFE LIVING SITUATION AND A REALISTIC SAFETY PLAN, TO HELP THEM ACHIEVE STABLE, VIOLENCE-FREE LIVES
ADDITIONAL INFORMATION	FORM 990, PART V	QUESTION 2B W-2S ARE FILED UNDER THE NAME OF THE PEO (COADVANTAGE) AND THE PEO FILES ALL NECESSARY EMPLOYMENT TAX RETURNS THE NUMBER SHOWN ON LINE 2A IS BASED ON EMPLOYEES INCLUDED ON THE LAST PAYROLL IN DECEMBER 2011
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	ALL BOARD MEMBERS ARE PROVIDED A COPY OF THE FORM 990 AND IT IS PRESENTED AT THE BOARD OF DIRECTORS' MEETING PRIOR TO BEING FILED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY THE BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION PROCESS INCLUDES AN ORGANIZATION-WIDE COMPENSATION STUDY COMPLETED BY EVERGREEN SOLUTIONS, LLC AND PRESENTED TO THE BOARD OF DIRECTORS IN MARCH 2008 THE EXECUTIVE DIRECTOR'S CONTRACT AND COMPENSATION REQUIRED FURTHER DELIBERATION BY THE EXECUTIVE COMMITTEE INCLUDING A REVIEW OF COMPARABLE DATA FROM THE CEO AND PRESIDENT OF THE FLORIDA COALITION AGAINST DOMESTIC VIOLENCE (FCADV) COMMITTEE AND BOARD DISCUSSION AND DECISIONS REGARDING COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE RESPECTIVE MEETINGS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION PROCESS INCLUDES AN ORGANIZATION-WIDE COMPENSATION STUDY COMPLETED BY EVERGREEN SOLUTIONS, LLC AND PRESENTED TO THE BOARD OF DIRECTORS IN MARCH 2008 COMMITTEE AND BOARD DISCUSSION AND DECISIONS REGARDING COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE RESPECTIVE MEETINGS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST, DEPENDING ON DOCUMENTS REQUESTED, THEY ARE EITHER SENT ELECTRONICALLY OR REVIEWED AT CASA'S ADMINISTRATIVE OFFICE