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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

2011Open 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 **OCT 1, 2011** and ending **SEP 30, 2012****B** Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**LACASA**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

2895 W GRAND RIVER AVENUE

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

HOWELL, MI 48843**F** Name and address of principal officer: **BOBETTE A. SCHRANDT**
SAME AS C ABOVE**D** Employer identification number**38-2370824****E** Telephone number**517-548-1350****G** Gross receipts \$ **1,686,977.****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: ▶ **LACASACENTER.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: WE SUPPORT AND ADVOCATE FOR SURVIVORS OF CHILD ABUSE, DOMESTIC VIOLENCE AND SEXUAL ASSAULT. WE		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	685
		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.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,117,642.	1,611,997.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,447.	24,126.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,144.	19,963.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	639.	-4,851.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,160,872.	1,651,235.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	27,517.	15,691.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	839,231.	1,129,184.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,407.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	366,437.	414,506.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,233,185.	1,559,381.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-72,313.	91,854.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,397,108.	2,498,361.
22 Net assets or fund balances. Subtract line 21 from line 20	79,031.	88,430.	
		2,318,077.	2,409,931.

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

BOBETTE A. SCHRANDT, EXECUTIVE DIRECTOR & CEO

Type or print name and title

Date

3/20/13**Paid**

Print/Type preparer's name

STEVEN J. GUARINI, CPA

Preparer's signature

STEVEN J. GUARINI, C03/14/13

Date

Check ☐ if self-employed

PTIN

P00224264**Preparer Use Only**

Firm's name

GODFREY HAMMEL, DANNEELS & CO., P.C.

Firm's EIN

38-1878652

Firm's address

**21420 GREATER MACK AVENUE
ST. CLAIR SHORES, MI 48080-2353**

Phone no.

(586) 772-8100

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

☒ Yes ☐ No

SCANNED APR 04 2013

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:

WE SUPPORT AND ADVOCATE FOR SURVIVORS OF CHILD ABUSE, DOMESTIC VIOLENCE AND SEXUAL ASSAULT. WE PROVIDE PREVENTION, EDUCATION AND AWARENESS TO STRENGTHEN FAMILIES AND MAKE OUR COMMUNITY SAFER.

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 \$ **316,844.** including grants of \$ _____) (Revenue \$ _____)**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 2012, 4,130 NIGHTS OF SHELTER WERE PROVIDED FOR 163 SURVIVORS. SHELTER PROVIDES A SECURE, CONFIDENTIAL AND NON-VIOLENT ENVIRONMENT SAFE FROM ABUSE. LACASA'S ON-SITE ANIMAL KENNEL PROVIDED 1,114 NIGHTS OF ANIMAL SHELTER FOR FAMILY PETS. THE LEGAL ADVOCACY PROGRAM PROVIDED 688 SURVIVORS ASSISTANCE WITH THE CRIMINAL JUSTICE SYSTEM. LACASA'S 24-HOUR ON-CALL SERVICE PROVIDED SUPPORT TO 357

4b (Code _____) (Expenses \$ **285,786.** including grants of \$ _____) (Revenue \$ _____)**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 206 SURVIVORS IN 2012. THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM PROVIDED FORENSIC EVIDENCE COLLECTION AND MEDICAL TREATMENT FOR 20 VICTIMS OF SEXUAL ASSAULT IN ACCORDANCE WITH STANDARDS OF PRACTICE ESTABLISHED BY THE INTERNATIONAL ASSOCIATION OF FORENSIC NURSES (IAFN).

4c (Code _____) (Expenses \$ **199,201.** including grants of \$ _____) (Revenue \$ _____)**TRANSITIONAL HOUSING SERVICES**

PROVIDES TRANSITIONAL HOUSING AND SUPPORT SERVICES TO DOMESTIC VIOLENCE VICTIMS AND THEIR DEPENDENT CHILDREN. 10,356 NIGHTS OF SAFE, AFFORDABLE HOUSING AND SUPPORTIVE SERVICES (COUNSELING AND CASE MANAGEMENT) WERE PROVIDED FOR 41 CLIENTS IN THE TRANSITIONAL HOUSING PROGRAM IN 2012.

4d Other program services (Describe in Schedule O.)(Expenses \$ **527,300.** including grants of \$ _____) (Revenue \$ _____)**4e** Total program service expenses **1,329,131.**

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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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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>	15	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>	16	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>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a 43		
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)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	N/A	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a	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.)	11b		
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	12b	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.	13a	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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	20													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		20												
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 Did the organization have members or stockholders?				6										X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				7a										X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				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.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X											
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			12b	X											
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			12c	X											
13 Did the organization have a written whistleblower policy?			13	X											
14 Did 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," 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?			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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**

THE ORGANIZATION - 517-548-1350
2895 W GRAND RIVER AVENUE, HOWELL, MI 48843

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOBETTE A SCHRANDT PRESIDENT & CEO	40.00	X		X				74,949.	0.	576.
(2) MICHAEL J MURPHY BOARD CHAIR	3.00	X		X				0.	0.	0.
(3) PATRICIA CLAFFEY VICE CHAIR	2.00	X		X				0.	0.	0.
(4) VALERIE WEBSTER SECRETARY	2.00	X		X				0.	0.	0.
(5) JANICE TROUBA TREASURER	2.00	X		X				0.	0.	0.
(6) SANDIE CORTEZ BOARD MEMBER	2.00	X						0.	0.	0.
(7) RON DALY BOARD MEMBER	2.00	X						0.	0.	0.
(8) JAMES GILLIGAN BOARD MEMBER	2.00	X						0.	0.	0.
(9) JUDY HERZOG BOARD MEMBER	2.00	X						0.	0.	0.
(10) JON KING BOARD MEMBER	2.00	X						0.	0.	0.
(11) KATE LOWRY BOARD MEMBER	2.00	X						0.	0.	0.
(12) MARY MILLAR BOARD MEMBER	2.00	X						0.	0.	0.
(13) BONNIE J MILLER BOARD MEMBER	2.00	X						0.	0.	0.
(14) PEGGI MINTZ BOARD MEMBER	2.00	X						0.	0.	0.
(15) DAVID MORSE BOARD MEMBER	2.00	X						0.	0.	0.
(16) JACKLYN ROGERS BOARD MEMBER	2.00	X						0.	0.	0.
(17) JUDITH SCRANTON BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIA STUART BOARD MEMBER	2.00	X						0.	0.	0.
(19) LEE ANN SUTHERLAND BOARD MEMBER	2.00	X						0.	0.	0.
(20) DAVID SWINK BOARD MEMBER	2.00	X						0.	0.	0.
(21) BARBARA WALSTROM BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								74,949.	0.	576.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								74,949.	0.	576.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	211,984.				
	b	Membership dues	1b					
	c	Fundraising events	1c	171,993.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	609,103.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	618,917.				
	g	Noncash contributions included in lines 1a-1f \$		723.				
	h	Total. Add lines 1a-1f		1611997.				
	Program Service Revenue	2 a	PROGRAMS-SEE PT III	Business Code	900099	24,126.	24,126.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		24,126.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		9,061.			9,061.
	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)			10,902.		10,902.
	8 a	Gross income from fundraising events (not including \$ 171,993. of contributions reported on line 1c). See Part IV, line 18	a	30,891.				
		b	Less: direct expenses	b	35,742.			
		c	Net income or (loss) from fundraising events		-4,851.			-4,851.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.		1651235.	24,126.	0.	15,112.		

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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	15,691.	15,691.		
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	78,436.	39,218.	39,218.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	892,204.	789,175.	48,336.	54,693.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	64,567.	55,105.	9,462.	
10 Payroll taxes	93,977.	80,205.	8,746.	5,026.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	28,025.	24,522.	3,503.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,436.		1,436.	
g Other	39,204.	23,055.	15,876.	273.
12 Advertising and promotion				
13 Office expenses	75,266.	48,897.	17,828.	8,541.
14 Information technology				
15 Royalties				
16 Occupancy	137,993.	134,720.	3,050.	223.
17 Travel	11,537.	11,095.	50.	392.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,595.	11,595.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,884.	57,727.	6,670.	487.
23 Insurance	15,176.	12,549.	2,627.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	15,882.	13,555.	1,656.	671.
b REPAIRS & MAINTENANCE	13,508.	12,022.	1,385.	101.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,559,381.	1,329,131.	159,843.	70,407.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing ...	48,286.	1	154,152.
	2 Savings and temporary cash investments ...	64,322.	2	16,264.
	3 Pledges and grants receivable, net ...	176,182.	3	224,829.
	4 Accounts receivable, net ...	3,786.	4	335.
	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 ...	12,546.	8	13,264.
	9 Prepaid expenses and deferred charges ...	15,779.	9	24,356.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,795,158.		
	b Less: accumulated depreciation	10b 1,016,291.	10c	1,778,867.
	11 Investments - publicly traded securities ...	241,500.	11	257,427.
	12 Investments - other securities. See Part IV, line 11	20,871.	12	23,345.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets ...		14	
	15 Other assets. See Part IV, line 11	4,422.	15	5,522.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,397,108.	16	2,498,361.	
Liabilities	17 Accounts payable and accrued expenses ...	39,088.	17	49,604.
	18 Grants payable ...		18	
	19 Deferred revenue ...	39,943.	19	38,826.
	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 (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	79,031.	26	88,430.
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	2,251,983.	27	2,251,712.
	28 Temporarily restricted net assets	66,094.	28	158,219.
	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	2,318,077.	33	2,409,931.	
34 Total liabilities and net assets/fund balances	2,397,108.	34	2,498,361.	

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck 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	1,651,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,559,381.
3	Revenue less expenses. Subtract line 2 from line 1	3	91,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,318,077.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,409,931.

Part XII Financial Statements and ReportingCheck 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? ☐ Yes ☒ No
- b** Were the organization's financial statements audited by an independent accountant? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- 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

Form 990 (2011)

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

LACASA

Employer identification number

38-2370824

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

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

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	944,344.	941,816.	930,613.	1,117,642.	1,611,997.	5,546,412.
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	944,344.	941,816.	930,613.	1,117,642.	1,611,997.	5,546,412.
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						5,546,412.

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	944,344.	941,816.	930,613.	1,117,642.	1,611,997.	5,546,412.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,652.	10,219.	10,045.	13,144.	19,963.	77,023.
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						5,623,435.
12 Gross receipts from related activities, etc. (see instructions)					12	240,415.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.63 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.55 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

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

Section B. Total Support

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

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 .. <input type="checkbox"/>		
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 .. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .. <input type="checkbox"/>		

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

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

LACASA

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	▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	262,371.	260,728.	250,528.	259,639.	
b Contributions					
c Net investment earnings, gains, and losses	20,881.	4,636.	14,656.	2,480.	
d Grants or scholarships	-1,045.	-527.	1,776.	1,294.	
e Other expenditures for facilities and programs				7,855.	
f Administrative expenses	-1,436.	2,466.	2,680.	2,442.	
g End of year balance	280,772.	262,371.	260,728.	250,528.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 100.00 %
 b Permanent endowment ☒ .00 %
 c Temporarily restricted endowment ☒ .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		72,400.		72,400.
b Buildings		2,316,383.	632,842.	1,683,541.
c Leasehold improvements				
d Equipment		241,514.	227,935.	13,579.
e Other		164,861.	155,514.	9,347.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,778,867.

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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).

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	1,651,235.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,559,381.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	91,854.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	91,854.

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	1,698,977.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	12,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	35,742.
e	Add lines 2a through 2d	2e	47,742.
3	Subtract line 2e from line 1	3	1,651,235.
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	1,651,235.

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

1	Total expenses and losses per audited financial statements	1	1,607,123.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	35,742.
e	Add lines 2a through 2d	2e	47,742.
3	Subtract line 2e from line 1	3	1,559,381.
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	1,559,381.

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 X, LINE 2: 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

Part XIV Supplemental Information (continued)

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 AS OF SEPTEMBER 30, 2012 AND 2011 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 2005.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 35,742.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 35,742.

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

2011

Open To Public Inspection

Name of the organization

LACASA

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.

(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 contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DECK THE HALLS (event type)	GARDEN TOUR/TWILIGHT (event type)	2 (total number)	
Revenue	1 Gross receipts	63,131.	60,820.	78,933.	202,884.
	2 Less: Charitable contributions	54,157.	55,408.	62,428.	171,993.
	3 Gross income (line 1 minus line 2)	8,974.	5,412.	16,505.	30,891.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	3,031.	3,372.	8,625.	15,028.
	8 Entertainment				
	9 Other direct expenses	2,903.	5,771.	12,040.	20,714.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(35,742)
	11 Net income summary. Combine line 3, column (d), and line 10				-4,851.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____**a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: _____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: _____

- Address 

- Address** ▶ info@openstax.org | <https://openstax.org> | 1-800-911-6933

Name ▶

Gaming manager compensation ► \$ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

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).

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

Name of the organization

Employer Identification number
38-2370824

LACASA

Part I	General Information on Grants and Assistance
---------------	---

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

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

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

Part I ☐ **Part II** ☒ **Part III** ☐

Section A ☐ **Section B** ☐ **Section C** ☐ **Section D** ☐ **Section E** ☐ **Section F** ☐ **Section G** ☐ **Section H** ☐ **Section I** ☐ **Section J** ☐ **Section K** ☐ **Section L** ☐ **Section M** ☐ **Section N** ☐ **Section O** ☐ **Section P** ☐ **Section Q** ☐ **Section R** ☐ **Section S** ☐ **Section T** ☐ **Section U** ☐ **Section V** ☐ **Section W** ☐ **Section X** ☐ **Section Y** ☐ **Section Z** ☐ **Section AA** ☐ **Section AB** ☐ **Section AC** ☐ **Section AD** ☐ **Section AE** ☐ **Section AF** ☐ **Section AG** ☐ **Section AH** ☐ **Section AI** ☐ **Section AJ** ☐ **Section AK** ☐ **Section AL** ☐ **Section AM** ☐ **Section AN** ☐ **Section AO** ☐ **Section AP** ☐ **Section AQ** ☐ **Section AR** ☐ **Section AS** ☐ **Section AT** ☐ **Section AU** ☐ **Section AV** ☐ **Section AW** ☐ **Section AX** ☐ **Section AY** ☐ **Section AZ** ☐ **Section BA** ☐ **Section BB** ☐ **Section BC** ☐ **Section BD** ☐ **Section BE** ☐ **Section BF** ☐ **Section BG** ☐ **Section BH** ☐ **Section BI** ☐ **Section BJ** ☐ **Section BK** ☐ **Section BL** ☐ **Section BM** ☐ **Section BN** ☐ **Section BO** ☐ **Section BP** ☐ **Section BQ** ☐ **Section BR** ☐ **Section BS** ☐ **Section BT** ☐ **Section BU** ☐ **Section BV** ☐ **Section BW** ☐ **Section BX** ☐ **Section BY** ☐ **Section BZ** ☐ **Section CA** ☐ **Section CB** ☐ **Section CC** ☐ **Section CD** ☐ **Section CE** ☐ **Section CF** ☐ **Section CG** ☐ **Section CH** ☐ **Section CI** ☐ **Section CJ** ☐ **Section CK** ☐ **Section CL** ☐ **Section CM** ☐ **Section CN** ☐ **Section CO** ☐ **Section CP** ☐ **Section CQ** ☐ **Section CR** ☐ **Section CS** ☐ **Section CT** ☐ **Section CU** ☐ **Section CV** ☐ **Section CW** ☐ **Section CX** ☐ **Section CY** ☐ **Section CZ** ☐ **Section DA** ☐ **Section DB** ☐ **Section DC** ☐ **Section DD** ☐ **Section DE** ☐ **Section DF** ☐ **Section DG** ☐ **Section DH** ☐ **Section DI** ☐ **Section DJ** ☐ **Section DK** ☐ **Section DL** ☐ **Section DM** ☐ **Section DN** ☐ **Section DO** ☐ **Section DP** ☐ **Section DQ** ☐ **Section DR** ☐ **Section DS** ☐ **Section DT** ☐ **Section DU** ☐ **Section DV** ☐ **Section DW** ☐ **Section DX** ☐ **Section DY** ☐ **Section DZ** ☐ **Section EA** ☐ **Section EB** ☐ **Section EC** ☐ **Section ED** ☐ **Section EE** ☐ **Section EF** ☐ **Section EG** ☐ **Section EH** ☐ **Section EI** ☐ **Section EJ** ☐ **Section EK** ☐ **Section EL** ☐ **Section EM** ☐ **Section EN** ☐ **Section EO** ☐ **Section EP** ☐ **Section EQ** ☐ **Section ER** ☐ **Section ES** ☐ **Section ET** ☐ **Section EU** ☐ **Section EV** ☐ **Section EW** ☐ **Section EX** ☐ **Section EY** ☐ **Section EZ** ☐ **Section FA** ☐ **Section FB** ☐ **Section FC** ☐ **Section FD** ☐ **Section FE** ☐ **Section FF** ☐ **Section FG** ☐ **Section FH** ☐ **Section FI** ☐ **Section FJ** ☐ **Section FK** ☐ **Section FL** ☐ **Section FM** ☐ **Section FN** ☐ **Section FO** ☐ **Section FP** ☐ **Section FQ** ☐ **Section FR** ☐ **Section FS** ☐ **Section FT** ☐ **Section FU** ☐ **Section FV** ☐ **Section FW** ☐ **Section FX** ☐ **Section FY** ☐ **Section FZ** ☐ **Section GA** ☐ **Section GB** ☐ **Section GC** ☐ **Section GD** ☐ **Section GE** ☐ **Section GF** ☐ **Section GG** ☐ **Section GH** ☐ **Section GI** ☐ **Section GJ** ☐ **Section GK** ☐ **Section GL** ☐ **Section GM** ☐ **Section GN** ☐ **Section GO** ☐ **Section GP** ☐ **Section GQ** ☐ **Section GR** ☐ **Section GS** ☐ **Section GT** ☐ **Section GU** ☐ **Section GV** ☐ **Section GW** ☐ **Section GX** ☐ **Section GY** ☐ **Section GZ** ☐ **Section HA** ☐ **Section HB** ☐ **Section HC** ☐ **Section HD** ☐ **Section HE** ☐ **Section HF** ☐ **Section HG** ☐ **Section HH** ☐ **Section HI** ☐ **Section HJ** ☐ **Section HK** ☐ **Section HL** ☐ **Section HM** ☐ **Section HN** ☐ **Section HO** ☐ **Section HP** ☐ **Section HQ** ☐ **Section HR** ☐ **Section HS** ☐ **Section HT** ☐ **Section HU** ☐ **Section HV** ☐ **Section HW** ☐ **Section HX** ☐ **Section HY** ☐ **Section HZ** ☐ **Section IA** ☐ **Section IB** ☐ **Section IC** ☐ **Section ID** ☐ **Section IE** ☐ **Section IF** ☐ **Section IG** ☐ **Section IH** ☐ **Section II** ☐ **Section IJ** ☐ **Section IK** ☐ **Section IL** ☐ **Section IM** ☐ **Section IN** ☐ **Section IO** ☐ **Section IP** ☐ **Section IQ** ☐ **Section IR** ☐ **Section IS** ☐ **Section IT** ☐ **Section IU** ☐ **Section IV** ☐ **Section IW** ☐ **Section IX** ☐ **Section IY** ☐ **Section IZ** ☐ **Section JA** ☐ **Section JB** ☐ **Section JC** ☐ **Section JD** ☐ **Section JE** ☐ **Section JF** ☐ **Section JG** ☐ **Section JH** ☐ **Section JI** ☐ **Section JJ** ☐ **Section JK** ☐ **Section JL** ☐ **Section JM** ☐ **Section JN** ☐ **Section JO** ☐ **Section JP** ☐ **Section JQ** ☐ **Section JR** ☐ **Section JS** ☐ **Section JT** ☐ **Section JU** ☐ **Section JV** ☐ **Section JW** ☐ **Section JX** ☐ **Section JY** ☐ **Section JZ** ☐ **Section KA** ☐ <

[illegible]

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

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

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

Schedule I (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization

LACASA

Employer identification number
38-2370824

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

PROVIDE PREVENTION, EDUCATION AND AWARENESS TO STRENGTHEN FAMILIES AND
MAKE OUR COMMUNITY SAFER.

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

SURVIVORS WHEN AN ASSAULT WAS REPORTED TO POLICE OR MEDICAL PERSONNEL.
ON-CALL TEAMS RESPONDED TO 357 CALLS BY OFFERING SURVIVORS INFORMATION
AND REFERRALS, LEGAL ADVOCACY AND ASSISTANCE WITH SAFETY PLANNING FOR
SURVIVORS. 24-HOUR TOLL-FREE CRISIS LINE SUPPORT IS AVAILABLE 365 DAYS
A YEAR AND 2,869 CLIENTS RECEIVED ASSISTANCE THROUGH THE CRISIS LINE.
INDIVIDUAL AND GROUP COUNSELING IS AVAILABLE TO SURVIVORS TO EXPLORE
FEELINGS, CLARIFY ISSUES, REVIEW OPTIONS AND CREATE SAFETY PLANS. 302
ADULT SURVIVORS IN CLINICAL SERVICES AND 250 CHILDREN IN CLINICAL
SERVICES RECEIVED THE SAFETY PLANNING SERVICE. 106 INDIVIDUALS
DEVELOPED SAFETY PLANS THROUGH LACASA PER THE LIVINGSTON COUNTY
PROSECUTOR'S OFFICE REQUEST. 96 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:

COMMUNITY PREVENTION AND FAMILY EDUCATION SERVICES
THE COMMUNITY PREVENTION & EDUCATION PROGRAM PROVIDES EDUCATION AND
PUBLIC AWARENESS ABOUT DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL
ASSAULT, SEXUAL HARASSMENT, STALKING, AND CHILD ABUSE. THROUGH THE
YEAR 96 COMMUNITY PRESENTATIONS WERE CONDUCTED REACHING 1,783

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

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

132211
01-23-12

Name of the organization

LACASA

Employer identification number

38-2370824

INDIVIDUALS FROM BUSINESS, FAITH COMMUNITY, CRIMINAL JUSTICE, HUMAN SERVICE AGENCIES, MEDICAL PERSONNEL, CHILD CARE PROVIDERS, EMERGENCY RESPONSE, AND SUBSTANCE ABUSE PROVIDERS. 254 YOUTH PRESENTATIONS WERE CONDUCTED IN THE MIDDLE AND HIGH SCHOOLS REACHING 7,890 YOUTH.

THE FAMILY EDUCATION SERVICES ACTIVITY INCLUDES MULTIPLE PROGRAMS. THE HEALTHY FAMILIES PROGRAM PROVIDES A HOME VISITING PROGRAM FOR FAMILIES AT RISK FOR ABUSE & NEGLECT OF CHILDREN AGED 0-3. LONG-TERM INTENSIVE HOME VISITS WERE PROVIDED FOR 85 CLIENTS. THE STRENGTHENING FAMILIES PROGRAM PROVIDED A 14 WEEK EVIDENCE-BASED PARENTING SKILLS PROGRAM THAT SERVED 31 CLIENTS. THE CREATING LASTING FAMILY CONNECTIONS PROGRAM PROVIDED A SEVEN WEEK PARENTING COURSE WITH A SUBSTANCE ABUSE PREVENTION EMPHASIS FOR PARENTS OF ADOLESCENTS THAT SERVED 53 CLIENTS. THE FATHERS ONLY PROGRAM PROVIDED AN EIGHT WEEK PARENTING COURSE THAT SERVED 19 MEN. THE NURTURING PARENTING PROGRAM PROVIDED A TEN WEEK CLASS THAT SERVED 62 CLIENTS. THE PROJECT SUCCESS PROGRAM WORKED WITH SCHOOLS USING COORDINATED COMMUNITY EFFORTS TO STRENGTHEN STUDENTS THROUGH AN IN-SCHOOL SUBSTANCE ABUSE PROGRAM, INCLUDING SUPPORT GROUPS, SCHOOL CAMPAIGNS, AWARENESS ACTIVITIES AND REFERRALS, WHICH SERVED 375 CHILDREN. THE LEGACY ALTERNATIVE HIGH SCHOOL PROGRAM PROVIDED A 14 WEEK LIFE SKILLS COURSE THAT SERVED 15 STUDENTS. EXPENSES \$ 257,285. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ASSAILANT COUNSELING SERVICES

PROVIDES COUNSELING TO ADULT AND YOUTH WHO PERPETRATED VIOLENCE IN THEIR FAMILIES OR COMMUNITY. IN 2012, THE DOMESTIC ABUSE INTERVENTION PROGRAM PROVIDED PSYCHO-EDUCATION SERVICES FOR 104 INDIVIDUALS WHO USED VIOLENCE, THREATS AND/OR FORCE IN THEIR RELATIONSHIPS.

Name of the organization

LACASA

Employer identification number

38-2370824

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 \$ 23,523. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILD ABUSE SERVICES

LACASA PROVIDES COUNSELING, ADVOCACY AND SUPPORT SERVICES TO VICTIMS OF CHILDREN ABUSE. LACASA ALSO PROVIDES A COORDINATED PROCESS FOR INTERVIEWING CHILDREN WHO HAVE BEEN SEVERELY PHYSICALLY 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 CARE PROJECT CONDUCTED 174 FORENSIC CHILDREN ABUSE INTERVIEWS IN 2012.

LACASA'S CHILD ABUSE PREVENTION (CAP) COUNCIL PROVIDES FAR-REACHING PREVENTION PROGRAMS AIMED AT PROTECTING CHILDREN FROM ABUSE AND NEGLECT. PREVENTION PROGRAMS INCLUDE CLASSES AND WORKSHOPS FOR CHILD WELFARE PROFESSIONALS, TEACHERS, PARENTS AND CHILD CAREGIVERS. THE CAP COUNCIL PROVIDED A WIDE RANGE OF AWARENESS AND EDUCATION CLASSES, CAMPAIGNS AND EVENTS AIMED AT CHILD ABUSE AND NEGLECT PREVENTION IN 2012, WHICH REACHED 1,535 PARTICIPANTS IN CLASSES AND 2,761 PARTICIPANTS IN AWARENESS EVENTS.

EXPENSES \$ 131,995. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

LACASA

Employer identification number

38-2370824

CHILDREN'S PROGRAMS

PROVIDES SHELTER, SUPPORT, AND COUNSELING TO CHILDREN WHO HAVE EXPERIENCED DOMESTIC OR SEXUAL VIOLENCE. DURING 2012, 317 CHILDREN RECEIVED CLINICAL GROUP SERVICES AND INDIVIDUAL CLINICAL SERVICES TO ADDRESS ISSUES OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND PHYSICAL/VERBAL ABUSE.

THE COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM TAKES SCREENED AND TRAINED COMMUNITY VOLUNTEERS AND APPOINTS THEM TO A CASE IN THE CHILDREN ABUSE AND NEGLECT COURT SYSTEM. THE VOLUNTEER STAYS WITH THE CASE UNTIL PERMANENCY IS ATTAINED FOR THE CHILDREN. THERE ARE CURRENTLY 36 VOLUNTEERS ASSIGNED TO CASES, SERVICING A TOTAL OF 51 CHILDREN.

EXPENSES \$ 114,497. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S NAME CHANGED TO LACASA.

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.

Name of the organization

LACASA

Employer identification number

38-2370824

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

Michigan Department of Licensing and Regulatory Affairs

Filing Endorsement

This is to Certify that the MERGER DOCUMENT

for

LACASA

ID NUMBER: 885371

received by facsimile transmission on December 15, 2011 is hereby endorsed

Filed on December 16, 2011 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 16TH day of December, 2011.

Director

Bureau of Commercial Services

BCS/CD-550 (Rev 12/05)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES																				
Date Received	(FOR BUREAU USE ONLY)																			
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.																			
<table border="1"> <tr> <td colspan="3">Name</td> </tr> <tr> <td colspan="3">James R. Cambridge</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td colspan="3">500 Woodward Avenue, Suite 2500</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Detroit</td> <td>MI</td> <td>48226</td> </tr> </table>			Name			James R. Cambridge			Address			500 Woodward Avenue, Suite 2500			City	State	Zip Code	Detroit	MI	48226
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Detroit	MI	48226																		
EFFECTIVE DATE: December 16, 2011																				
Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.																				

CERTIFICATE OF MERGER / CONSOLIDATION

For use by Domestic Nonprofit Corporations
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 162, Public Acts of 1982 (nonprofit corporations) (the "Act"), the undersigned corporations execute the following Certificate:

1. The Plan of Merger (Consolidation) is as follows:

a. The name of each constituent entity and its identification number is:

Livingston Area Council Against Spouse Abuse, Inc. (885371)

Women's Resource Center of Livingston County, Inc. (708517)

b. The name of the surviving (new) corporation and its identification number is:

Livingston Area Council Against Spouse Abuse, Inc. (885371)

c. N/A

2. a. N/A

b. As to Livingston Area Council Against Spouse Abuse, Inc. ("LACASA"):

(i) The name of the corporation is:

Livingston Area Council Against Spouse Abuse, Inc.

(ii) A description of the organization of LACASA's board:

{35629/1/DT637884.DOC;1}

The LACASA Board of Directors may take any lawful action on behalf of the LACASA, consistent with LACASA's Bylaws. The LACASA Board of Directors presently consists of the following persons: Patricia Claffey, Sandie Cortez, Ron Daly, Judy Herzog, Jon King, Danielle Maj, Kate Lowry, Mary Millar, Bonnie J. Miller, David Morse, Michael J. Murphy, Jackie Rogers, Judie Scranton, Maria Stuart, David Swink, Janice Trouba and Valerie Webster.

(iii) The number, class and voting rights of LACASA directors:

The LACASA Board of Directors consists of not more than 23 individuals, collectively possessing all rights, powers, duties and responsibilities relative to the management and control of LACASA. The LACASA Board of Directors may take any lawful action on behalf of LACASA, consistent with LACASA's Bylaws. Each Director is entitled to one vote. There exists a group of up to nine (9) "Auxiliary Board Members" who may attend LACASA Board meetings, but do not have any voting rights, and whose attendance does not affect a quorum.

As to Women's Resource Center of Livingston County, Inc. ("WRC"):

(i) The name of the corporation is:

Women's Resource Center of Livingston County, Inc.

(ii) A description of the organization of WRC's board:

The WRC Board of Directors make take any lawful action on behalf of WRC, consistenc with WRC's Bylaws. The WRC Board of Directors presently consists of the following persons: Donna Erickson, Joan Fahrner, Terri Golowesky, Holly Featherston, Wendy Godfrey, James Gilligan, Linda Deniston, Dorothy Herman, Doug Edwards, Penny Jones, Darlene McManus, Pam Miller and Lori Wengle.

(iii) The number, class and voting rights of WRC's directors:

The WRC Board of Directors consists of not fewer than seven (7) individuals, collectively possessing all rights, powers, duties and responsibilities relative to the management and control of WRC. Presently there are thirteen (13) members of the WRC Board of Directors. Each Director is entitled to one vote.

c. The terms and conditions of the merger:

The merger of LACASA and WRC shall be effective December 16, 2011 (the "Effective Time"). At the Effective Time, WRC shall be merged with and into LACASA (the "Merger"). LACASA shall be the surviving corporation. From and after the Effective Time, the Merger shall have the Act as follows:

- (i) LACASA and WRC shall be a single corporation. In the case of this Merger, LACASA shall be the single, surviving corporation;**
- (ii) The separate existence of WRC shall cease. The separate existence of the surviving corporation shall continue;**

- (iii) The surviving corporation shall have all the rights, privileges, immunities and powers and shall be subject to all the duties and liabilities of a corporation under the Act;
- (iv) The surviving corporation shall have all of the rights, privileges, immunities and franchises, public or private, of each of the merging corporations; and all property, real, personal and mixed, and all debts due on whatever account, and all other choses in action;
- (v) All interests of or belonging to or due to each of the corporations merged, shall be considered to be transferred to and vested in the single corporation of the surviving corporation without further act or deed;
- (vi) The title to real estate, or any interest in real estate, vested in either corporation shall not revert or be in any way impaired because of the Merger;
- (vii) The surviving corporation shall thenceforth be responsible and liable for all liabilities and obligations of each of the corporations merged;
- (viii) A claim existing or action or proceeding pending by or against either corporation may be prosecuted as if the Merger had not taken place, or the surviving corporation may be substituted in its place; and
- (ix) The rights of creditors and a lien upon the property of such surviving corporation are not impaired by the Merger.

Immediately upon the Effective Time, the Board of Directors of the surviving corporation shall consist of the following individuals: Patricia Claffey, Sandie Cortez, Ron Daly, Judy Herzog, Jon King, Danielle Maj, Kate Lowry, Mary Millar, Bonnie J. Miller, David Morse, Michael J. Murphy, Jackie Rogers, Judie Scranton, Maria Stuart, David Swink, Janice Trouba, Valerie Webster, James Gilligan and LeeAnn Sutherland.

- d. The Articles of Incorporation of LACASA in effect immediately prior to the Effective Time shall continue to be the articles of incorporation of the surviving corporation, except that Article I, Article II, Article V and Article IX shall be as follows:

ARTICLE I:

The name of the corporation is: LACASA.

ARTICLE II:

The purpose of the corporation shall be to function as an advisory, advocacy and support agency that provides crisis shelter, transitional housing, counseling, education and prevention, awareness building and support services for victims of child abuse, domestic violence and sexual assault. The corporation shall collaborate with local social, legal and law enforcement agencies to create a safer community. The corporation shall operate exclusively for charitable and educational purposes, including but not limited to receiving contributions and paying them over in money or services to one or more organizations described in Section 501. (c) (3), and exempt from taxation under Section 501 (a) of the Internal Revenue Code, as now enforced or afterwards amended.

{35629/1/DT637884.DOC;1}

ARTICLE V:

The corporation is organized upon a Nonstock basis.

The description and value of its real property assets are: NONE

The corporation is to be financed under the following general plan: Corporation shall solicit donations from private individuals, community groups, and businesses to use for expenses.

The corporation is organized on a Directorship basis.

ARTICLE IX:

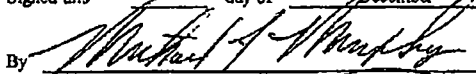
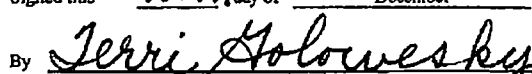
Except as otherwise provided by law, a volunteer director or volunteer officer of the Corporation is not personally liable to the Corporation for monetary damages for a breach of the director's or officer's fiduciary duty.

The Corporation assumes all liability to any person other than the Corporation for all acts or omissions of a volunteer director incurred in the good faith performance of his or her duties as a director other than liability resulting from claims arising under state law for mismanagement of the Corporation's assets.

The Corporation assumes the liability for all acts or omissions of a volunteer officer, provided that:

- a. the volunteer was acting or reasonably believed he or she was acting within the scope of his or her authority;
 - b. the volunteer was acting in good faith;
 - c. the volunteer's conduct did not amount to gross negligence or willful or wanton misconduct;
 - d. the volunteer's conduct was not an intentional tort; and
 - e. the volunteer's conduct was not a tort arising out of the ownership, maintenance or use of a motor vehicle as described in Section 209(e)(v) of the Michigan Non-Profit Corporation Act, as amended.
3. Each corporation has complied with the applicable provisions of the laws of the State of Michigan, the jurisdiction in which each is organized.
 4. The Merger shall be effective December 16, 2011.
 5. The Plan of Merger was approved by the Board of Directors of LACASA and the Board of Directors of WRC in accordance with Sections 701 and 703(3) of the Act.

[Signatures on Following Page]

Signed this 14th day of December, 2011By 
(Signature of President, Vice-President, Chairperson or Vice-Chairperson)Michael J. Murphy - Bd. Chair
(Type or Print Name and Title)Livingston Area Council Against Spouse Abuse, Inc.
(Name of Corporation)Signed this 12th day of December, 2011By 
(Signature of President, Vice-President, Chairperson or Vice-Chairperson)TERRI GOLONESKY, Board Co-Chair
(Type or Print Name and Title)Women's Resource Center of Livingston County, Inc.
(Name of Corporation)

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMERCIAL SERVICES**

FILEDDate Received
JUN 12 2012

(FOR BUREAU USE ONLY)

JUN 13 2012

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received date is stated in the document

by Administrator
Bureau of Commercial Services

Tran Info: 1 17769636-1 06/07/12
Chk#: 30832 Amt: \$10.00
ID: 885371

Name James R. Cambridge		
Address 500 Woodward Ave., Suite 2500		
City Detroit,	State Michigan	Zip Code 48226

EXPIRATION DATE: **2017**
DECEMBER 31,

Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office.

CERTIFICATE OF ASSUMED NAME**For use by Corporations, Limited Partnerships and Limited Liability Companies**

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the corporation, limited partnership, or limited liability company in item one executes the following Certificate:

1. The name of the corporation, limited partnership, or limited liability company is:

LACASA

2. The identification number assigned by the Bureau is:

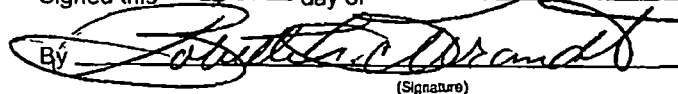
885371

3. The assumed name under which business is to be transacted is.

Family Resource Center of Livingston County

4. This document is hereby signed as required by the Act.

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.Signed this 6 day of January, 2012

By 
(Signature)

Bobette Schrandt

(Type or Print Name)

President/CEO

(Type or Print Title or Capacity)

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)

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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMERCIAL SERVICES**

Date Received

(FOR BUREAU USE ONLY)

JUN 18 2012

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received date is stated in the document.

Tran Info: 1 17269638-1 06/07/12
Chk#: 3083
ID: 885371

FILED**JUN 18 2012**

Administrator
BUREAU OF COMMERCIAL SERVICES

Name

James R. Cambridge

Address

500 Woodward Ave., Suite 2500

City

Detroit,

State

Michigan

Zip Code

48226

EXPIRATION DATE:
DECEMBER 31, 2017

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LACASA

2. The identification number assigned by the Bureau is.

885371

3. The assumed name under which business is to be transacted is:

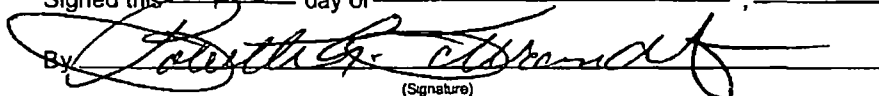
Women's Resource Center of Livingston County

4. This document is hereby signed as required by the Act.

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.

Signed this 16 day of January, 2012

By



(Signature)

Bobette Schrandt

President/CEO

(Type or Print Name)

(Type or Print Title or Capacity)

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)



**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMERCIAL SERVICES**

Date Received

(FOR BUREAU USE ONLY)

FILED**JUN 12 2012**

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JUN 13 2012

Tran Info: 1

17769635-1 06/07/12

Chk#: 30830

Amt: \$10.00

ID: 885371

by Administrator
Bureau of Commercial Services

Name

James R. Cambridge

Address

500 Woodward Ave., Suite 2500

City

Detroit,

State

Michigan

Zip Code

48226

EXPIRATION DATE: 2017
DECEMBER 31,

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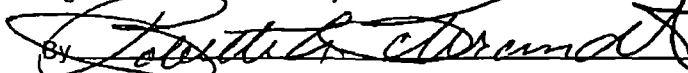
3. The assumed name under which business is to be transacted is:

Livingston Area Council Against Spouse Abuse

4. This document is hereby signed as required by the Act.

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.Signed this 6 day of January, 2012

By



(Signature)

Bobette Schrandt

(Type or Print Name)

President/CEO

(Type or Print Title or Capacity)

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)

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