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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 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization COMMUNITY ACTION STOPS ABUSE INC		D Employer identification number 59-2114359	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) PO BOX 414	Room/suite	E Telephone number (727) 895-4912	
	City or town, state or country, and ZIP + 4 SAINT PETERSBURG, FL 337310414			
			G Gross receipts \$ 4,741,367	
F Name and address of principal officer LINDA A OSMUNDSON EXECUTIVE DIR PO BOX 414 SAINT PETERSBURG, FL 337310414		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.CASA-STPETE.ORG				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1977	M State of legal domicile FL	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S (CASA) VISION IS A COMMUNITY WITHOUT DOMESTIC VIOLENCE SO THAT HOME IS A SAFE PLACE CASA'S MISSION IS TO RAISE OUR VOICES AGAINST VIOLENCE THROUGH ADVOCACY, EMPOWERMENT AND SOCIAL CHANGE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 89	
	6	Total number of volunteers (estimate if necessary)	6 569	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0		
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,509,125	Current Year 3,301,628
	9	Program service revenue (Part VIII, line 2g)	56,210	44,624
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,303	231,137
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,835	-8,461
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,610,803	3,568,928
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	153,247
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,146,321	2,085,980
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) 178,681		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	899,934	965,730
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,199,502	3,246,775
19		Revenue less expenses Subtract line 18 from line 12	411,301	322,153
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	5,488,697	5,911,588
	21	Total liabilities (Part X, line 26)	1,211,103	1,308,319
	22	Net assets or fund balances Subtract line 21 from line 20	4,277,594	4,603,269

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	*****				2014-01-02	
	Signature of officer				Date	
Paid Preparer Use Only	LINDA A OSMUNDSON EXECUTIVE DIRECTOR					
	Type or print name and title					
	Print/Type preparer's name BYRON C SMITH CPA		Preparer's signature		Date 2014-01-06	Check ☐ if self-employed
	Firm's name ▶ GREGORY SHARER & STUART PA				PTIN	
	Firm's EIN ▶					
	Firm's address ▶ 100 2ND AVE SOUTH STE 600 SAINT PETERSBURG, FL 337014336				Phone no (727) 821-6161	

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization’s mission

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

2

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

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

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

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 2,653,544 including grants of \$ 195,065) (Revenue \$ 44,624)

CASA PROVIDES COMPREHENSIVE SERVICES TO EMPOWER SURVIVORS OF DOMESTIC VIOLENCE AND THEIR FAMILIES THROUGH 30 BED EMERGENCY SHELTER, 14 UNITS OF TRANSITIONAL HOUSING WITH A TOTAL OF 54 BEDS, A 24-HOUR CRISIS HOT LINE, SUPPORT GROUPS, YOUTH PROGRAMS, SUBSTANCE ABUSE ADVOCACY, INFORMATION AND REFERRAL PROGRAM, EMERGENCY RESPONSE TEAMS, LEGAL ADVOCACY, OUTREACH TO UNDER-SERVED COMMUNITIES, THRIFT SHOP, VISITATION PROGRAM, PEACEMAKERS PROGRAM TO PRE-SCHOOL, ELEMENTARY AND MIDDLE SCHOOL STUDENTS, AND A VERY ACTIVE VOLUNTEER PROGRAM CASA'S RESIDENTIAL SERVICES INCLUDE THE EMERGENCY SHELTER WHICH PROVIDES REFUGE, CRISIS INTERVENTION, AND ADVOCACY FOR UP TO 45 DAYS WHEN HOME IS NOT SAFE OVER 250 BATTERED WOMEN AND CHILDREN FIND SANCTUARY ANNUALLY THE SHELTER IS ALWAYS OPEN AND CAN BE REACHED BY CALLING THE CRISIS LINE SHELTER RESIDENTS RECEIVE CLOTHING, FOOD, AND PERSONAL ITEMS THE SHELTER HAS 30 BEDS CASA GATEWAY TRANSITIONAL HOUSING PROVIDES 14 INDIVIDUAL APARTMENTS AND AN ACTIVE PROGRAM FOR FAMILIES TRANSITIONING FROM SHELTER FOR UP TO TWO YEARS WHILE THEY REBUILD THEIR LIVES SEVEN APARTMENTS OPENED IN 1997, SEVEN ADDITIONAL APARTMENTS OPENED IN 2000 CASA'S TRANSITIONAL HOUSING PROGRAM PROVIDES A LICENSED CHILDREN'S PROGRAM TO 25+ CHILDREN EACH WEEKDAY AFTERNOON AND FULL TIME DURING THE SUMMER MONTHS ADDITIONALLY, YOUTH ADVOCATES PROVIDE ADVOCACY, EVENING YOUTH GROUPS OPPOSITE THE ADULT GROUPS, AND LESSONS IN PEACEMAKING A UNIQUE PARTNERSHIP WITH THE R'CLUB, JUVENILE WELFARE BOARD AND PINELLAS COUNTY COORDINATED CHILDCARE PROVIDES CASA WITH A LICENSED CHILD CARE PROGRAM CASA'S OUTREACH SERVICES REACH OVER 3,000 SURVIVORS EACH YEAR IN THE SOUTHERN HALF OF PINELLAS COUNTY THROUGH A NUMBER OF PROGRAMS THE VISITATION CENTER PROVIDES COURT ORDERED SUPERVISED VISITATION AND MONITORED EXCHANGES OF CHILDREN FOR RESIDENTIAL AND NON-RESIDENTIAL PARENTS THE VISITATION CENTER PROVIDES SAFE, AFFORDABLE, SUPERVISED VISITATION AND MONITORED EXCHANGE FOR FAMILIES COURT-ORDERED INTO THE PROGRAM REFERRALS ARE ACCEPTED FROM THE FAMILY, DOMESTIC VIOLENCE AND DEPENDENCY COURTS CASA WORKS CLOSELY WITH THE PINELLAS COUNTY SHERIFF'S OFFICE CHILD PROTECTION INVESTIGATION DIVISION TO INCREASE THE SAFETY OF ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE AND HELPS TO REDUCE THE NUMBER OF OUT-OF-HOME CHILD PLACEMENTS DUE TO DOMESTIC VIOLENCE THROUGH THE CPID (CHILD PROTECTIVE INVESTIGATION DIVISION PROGRAM) CASA'S INNOVATIVE SUBSTANCE ABUSE PROGRAM RECOGNIZES THE PERILOUS INTERCONNECTION BETWEEN SUBSTANCE ABUSE AND BATTERING SERVICES ARE PROVIDED FOR CHILDREN AND FAMILIES DUALY AFFECTED BY DOMESTIC VIOLENCE AND SUBSTANCE ABUSE WHO PARTICIPATE IN CASA'S COMMUNITY SUPPORT GROUPS OR PARTICIPATE IN LOCAL SUBSTANCE ABUSE TREATMENT PROGRAMS CASA OFFERS ASSISTANCE AND SUPPORT TO SURVIVORS UTILIZING THE CIVIL AND CRIMINAL JUSTICE SYSTEM STAFF MEETS SURVIVORS AT THE CRIMINAL COURT TO ASSIST VICTIMS WITH THE COURT PROCEEDINGS STAFF ALSO ASSISTS SURVIVORS AT THE CLERK OF COURT MAKING APPLICATION FOR INJUNCTIONS FOR PROTECTION CASA WORKS COLLECTIVELY TO DEVELOP A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE COMMUNITY-BASED WEEKLY SUPPORT GROUPS AND INDIVIDUAL CRISIS COUNSELING FOR VICTIMS NOT IN CASA'S SHELTER PROVIDE SUPPORT TO THOSE IN CRISIS CASA PROVIDES PRESENTATIONS AND WORKSHOPS TO OVER 200 MEDIA, CIVIC, FRATERNAL, PROFESSIONAL, RELIGIOUS, SCHOOL, NEIGHBORHOOD AND OTHER GROUPS ANNUALLY CASA'S COMMUNITY EDUCATION PROGRAM EMPHASIZES THAT "IT TAKES A WHOLE COMMUNITY TO STOP DOMESTIC VIOLENCE " THE PEACEMAKER PROGRAM PROVIDES HOLISTIC PEACE EDUCATION TO OVER 3,000 PRESCHOOLERS, ELEMENTARY AND MIDDLE SCHOOL CHILDREN IN A WIDE VARIETY OF CLASSROOMS AND SCHOOLS THROUGHOUT PINELLAS COUNTY, NURTURING A SENSE OF PEACE AND JUSTICE DURING CRITICAL TIMES IN CHILD DEVELOPMENT PEACEMAKERS ALSO PROVIDE RESOURCES FOR TEACHERS TO CONTINUE THE PROGRAM IN THE CLASSROOMS

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

2,653,544

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
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	14	
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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	Yes
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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	FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	DOUG STONE PO BOX 414 ST PETERSBURG, FL (727) 895-4912

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BARNUM DIRECTOR	50 50	X						0	0	0
(2) MAJOR PHILLIP BEAHN DIRECTOR	50 0 00	X						0	0	0
(3) DON CULPEPPER PRESIDENT	50 0 00	X						0	0	0
(4) AMY CUYKENDALL PAST PRESIDE	50 0 00	X						0	0	0
(5) PATTY JONES DIRECTOR	50 0 00	X						0	0	0
(6) ANN WORTHINGTON TREASURER	50 0 00	X						0	0	0
(7) SHEILA KING DIRECTOR	50 0 00	X						0	0	0
(8) JEAN KRAUSE DIRECTOR	50 0 00	X						0	0	0
(9) ERIC LUDIN DIRECTOR	50 1 00	X						0	0	0
(10) NICHOLAS MCDEVITT DIRECTOR	50 0 00	X						0	0	0
(11) PATTY ROBINSON DIRECTOR	50 0 00	X						0	0	0
(12) AMANDA MEADOWS SECRETARY	50 0 00	X						0	0	0
(13) RANDY LEWIS DIRECTOR	50 0 00	X						0	0	0
(14) GAELYNN THURMAN DIRECTOR	50 0 00	X						0	0	0
(15) LINDA OSMUNDSON EXECUTIVE DI	38 00 2 00			X				122,041	0	9,500
(16) SUZANNE CALTRIDER-HORN OPERATIONS D	40 00 0 00			X				76,311	0	8,285
(17) DIANE HINCKLEY FINANCE DIRE	38 00 2 00			X				70,131	0	7,666

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	271,560		25,451

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▶1

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

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	1,846	3,301,628		
	b	Membership dues	1b				
	c	Fundraising events	1c	148,511			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,585,487			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,565,784			
	g	Noncash contributions included in lines 1a-1f \$		535,612			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	PROGRAM FEES	Business Code	44,624	44,624		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			44,624		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		64,720		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		(i) Real		(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		(i) Securities		(ii) Other	166,417		
		1,320,184					
		1,151,863		1,904			
		168,321		-1,904			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 148,511 of contributions reported on line 1c) See Part IV, line 18 . . .			-8,461		
		a	10,211				
		b	Less direct expenses	b			
c		Net income or (loss) from fundraising events . .					-8,461
9a		Gross income from gaming activities See Part IV, line 19					
	a						
	b	Less direct expenses	b				
c	Net income or (loss) from gaming activities . .						
10a	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				
11a							
	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			3,568,928	44,624		222,676

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	158,167	158,167		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	36,898	36,898		
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.	297,010	162,018	95,529	39,463
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	1,410,116	1,147,657	170,928	91,531
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	12,193	8,562	4,349	-718
9	Other employee benefits.	168,095	132,123	28,716	7,256
10	Payroll taxes.	198,566	139,585	41,145	17,836
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	22,203	16,757	3,770	1,676
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	47,345	19,485	21,999	5,861
12	Advertising and promotion.	665	200	430	35
13	Office expenses.	8,768	22,525	-9,566	-4,191
14	Information technology.				
15	Royalties.				
16	Occupancy.	180,416	141,071	17,228	22,117
17	Travel.	26,269	22,256	3,703	310
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	20,933	15,397	4,620	916
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	163,522	152,240	7,599	3,683
23	Insurance.	43,504	36,450	5,403	1,651
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	THRIFT SHOP EXPENSES	255,357	255,357		
b	CLIENT ASSISTANCE - PRGMS	97,135	97,135		
c	EQUIPMENT MANAGEMENT	48,861	35,341	8,990	4,530
d	SECURITY	26,127	25,607	377	143
e	All other expenses	24,625	28,713	9,330	-13,418
25	Total functional expenses. Add lines 1 through 24e.	3,246,775	2,653,544	414,550	178,681
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		213,383	1	256,296	
	2	Savings and temporary cash investments		126,410	2	2,497,106	
	3	Pledges and grants receivable, net		542,456	3	679,846	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		40,000	8	40,000	
	9	Prepaid expenses and deferred charges		62,364	9	62,037	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,189,280			
	b	Less accumulated depreciation	10b	2,890,819	2,305,802	10c	2,298,461
	11	Investments—publicly traded securities		2,187,654	11		
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		10,628	15	77,842	
16	Total assets. Add lines 1 through 15 (must equal line 34)		5,488,697	16	5,911,588		
Liabilities	17	Accounts payable and accrued expenses		167,164	17	188,049	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		1,043,939	23	1,120,270	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		1,211,103	26	1,308,319	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		3,860,768	27	3,895,018	
	28	Temporarily restricted net assets		416,826	28	708,251	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		4,277,594	33	4,603,269	
	34	Total liabilities and net assets/fund balances		5,488,697	34	5,911,588	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,568,928
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,246,775
3	Revenue less expenses Subtract line 2 from line 1	3	322,153
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,277,594
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-20,994
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	24,516
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,603,269

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	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	Yes	
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

- 1

☐

A church, convention of churches, or association of churches 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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,242,234	3,724,911	3,302,526	3,509,125	3,301,628	17,080,424
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,242,234	3,724,911	3,302,526	3,509,125	3,301,628	17,080,424
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						17,080,424

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	3,242,234	3,724,911	3,302,526	3,509,125	3,301,628	17,080,424
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,149	34,114	39,116	53,303	64,720	221,402
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)						17,301,826
12	Gross receipts from related activities, etc (see instructions)					12	309,559
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98 720 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	98 910 %
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY ACTION STOPS ABUSE INC

Employer identification number
59-2114359

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶\$ _____

(ii) Assets included in Form 990, Part X

▶\$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	50,000	50,000	50,000	25,000	25,000
b Contributions				25,000	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	50,000	50,000	50,000	50,000	25,000

2

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

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		82,100		82,100
b Buildings		2,843,033	1,345,804	1,497,229
c Leasehold improvements		1,557,618	930,950	626,668
d Equipment		569,223	505,359	63,864
e Other		137,306	108,706	28,600
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				2,298,461

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1		3,451,355
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	30,468	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	117,527	
e	Add lines 2a through 2d	2e		147,995
3	Subtract line 2e from line 1	3		3,303,360
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 XIII)	4b	265,568	
c	Add lines 4a and 4b	4c		265,568
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		3,568,928
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1		3,125,680
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	51,462	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	93,011	
e	Add lines 2a through 2d	2e		144,473
3	Subtract line 2e from line 1	3		2,981,207
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 XIII)	4b	265,568	
c	Add lines 4a and 4b	4c		265,568
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		3,246,775

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	CASA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX UNDER CHAPTER 220.13 OF THE FLORIDA STATUTES. THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED THAT CASA IS NOT A PRIVATE FOUNDATION AND CONTRIBUTIONS TO IT QUALIFY AS CHARITABLE CONTRIBUTION DEDUCTIONS. THERE WAS NO MATERIAL UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED JUNE 30, 2013 AND 2012. CASA HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS. TAX YEARS 2009, 2010, AND 2011 ARE OPEN AND SUBJECT TO EXAMINATION BY THE IRS. CASA IS NOT CURRENTLY UNDER AUDIT.
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENTS EXPENSE 18,672 BAD DEBT - PLEDGES 50,339 INTEREST IN CASA FOUNDATION 24,516 REIMBURSED EXPENSES 24,000
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	THRIFT SHOP EXPENSES 255,357 DIRECT BENEFIT TO DONOR 10,211
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS EXPENSE 18,672 BAD DEBT - PLEDGES 50,339 REIMBURSED EXPENSES 24,000
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	THRIFT SHOP EXPENSES 255,357 DIRECT BENEFIT TO DONOR 10,211

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
		PEACE BREAKFAST (event type)	GOOD NIGHT SLEE (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	114,186	44,536	158,722
	2	Less Contributions . . .	107,233	41,278	148,511
	3	Gross income (line 1 minus line 2)	6,953	3,258	10,211
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	3,735	3,164	6,899
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	10,136	1,637	11,773
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(18,672)
					-8,461

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name 

Address 

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

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

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

Name 

Address 

16 Gaming manager information

Name 

Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law 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).

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
COMMUNITY ACTION STOPS ABUSE INC

Employer identification number
59-2114359

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RELIGIOUS COMMUNITY SERVICES INC 503 SOUTH MLK JR AVENUE CLEARWATER, FL 33756	59-1309186	3	74,554				PEACEMAKER PROGRAM
(2) OPERATION PAR 6655 66TH STREET NORTH PINELLAS PARK, FL 33781	59-1349234	3	33,613				PEACEMAKER PROGRAM
(3) CASA FOUNDATION INC PO BOX 387 ST PETERSBURG, FL 33731	45-4485786	3	50,000				SUPPORT

2

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

3

3

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMERGENCY FUNDS	107	4,472		ACTUAL	
(2) CLOTHING AND HOUSEHOLD	705		32,426	THRIFT	DONATED ITEMS

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY ACTION STOPS ABUSE INC

Employer identification number
59-2114359

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		525,052	THRIFT SHOP VALUES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (HOLIDAY GIFTS)	X	1	10,560	CASH VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

efile

GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493013015334

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

Employer identification number

59-2114359

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	THE SHELTER IS ALWAYS OPEN AND CAN BE REACHED BY CALLING THE CRISIS LINE. SHELTER RESIDENTS RECEIVE CLOTHING, FOOD, AND PERSONAL ITEMS. THE SHELTER HAS 30 BEDS. CASA GATEWAY TRANSITIONAL HOUSING PROVIDES 14 INDIVIDUAL APARTMENTS AND AN ACTIVE PROGRAM FOR FAMILIES TRANSITIONING FROM SHELTER FOR UP TO TWO YEARS WHILE THEY REBUILD THEIR LIVES. SEVEN APARTMENTS OPENED IN 1997, SEVEN ADDITIONAL APARTMENTS OPENED IN 2000. CASA'S TRANSITIONAL HOUSING PROGRAM PROVIDES A LICENSED CHILDREN'S PROGRAM TO 25+ CHILDREN EACH WEEKDAY AFTERNOON AND FULL TIME DURING THE SUMMER MONTHS. ADDITIONALLY, YOUTH ADVOCATES PROVIDE ADVOCACY, EVENING YOUTH GROUPS OPPOSITE THE ADULT GROUPS, AND LESSONS IN PEACEMAKING. A UNIQUE PARTNERSHIP WITH THE R'CLUB, JUVENILE WELFARE BOARD AND PINELLAS COUNTY COORDINATED CHILDCARE PROVIDES CASA WITH A LICENSED CHILD CARE PROGRAM. CASA'S OUTREACH SERVICES REACH OVER 3,000 SURVIVORS EACH YEAR IN THE SOUTHERN HALF OF PINELLAS COUNTY THROUGH A NUMBER OF PROGRAMS. THE VISITATION CENTER PROVIDES COURT ORDERED SUPERVISED VISITATION AND MONITORED EXCHANGES OF CHILDREN FOR RESIDENTIAL AND NON-RESIDENTIAL PARENTS. THE VISITATION CENTER PROVIDES SAFE, AFFORDABLE, SUPERVISED VISITATION AND MONITORED EXCHANGE FOR FAMILIES COURT-ORDERED INTO THE PROGRAM. REFERRALS ARE ACCEPTED FROM THE FAMILY, DOMESTIC VIOLENCE AND DEPENDENCY COURTS. CASA WORKS CLOSELY WITH THE PINELLAS COUNTY SHERIFF'S OFFICE CHILD PROTECTION INVESTIGATION DIVISION TO INCREASE THE SAFETY OF ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE AND HELPS TO REDUCE THE NUMBER OF OUT-OF-HOME CHILD PLACEMENTS DUE TO DOMESTIC VIOLENCE THROUGH THE CPID (CHILD PROTECTIVE INVESTIGATION DIVISION PROGRAM). CASA'S INNOVATIVE SUBSTANCE ABUSE PROGRAM RECOGNIZES THE PERILOUS INTERCONNECTION BETWEEN SUBSTANCE ABUSE AND BATTERING SERVICES ARE PROVIDED FOR CHILDREN AND FAMILIES DUALLY AFFECTED BY DOMESTIC VIOLENCE AND SUBSTANCE ABUSE WHO PARTICIPATE IN CASA'S COMMUNITY SUPPORT GROUPS OR PARTICIPATE IN LOCAL SUBSTANCE ABUSE TREATMENT PROGRAMS. CASA OFFERS ASSISTANCE AND SUPPORT TO SURVIVORS UTILIZING THE CIVIL AND CRIMINAL JUSTICE SYSTEM. STAFF MEETS SURVIVORS AT THE CRIMINAL COURT TO ASSIST VICTIMS WITH THE COURT PROCEEDINGS. STAFF ALSO ASSISTS SURVIVORS AT THE CLERK OF COURT MAKING APPLICATION FOR INJUNCTIONS FOR PROTECTION. CASA WORKS COLLECTIVELY TO DEVELOP A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE. COMMUNITY-BASED WEEKLY SUPPORT GROUPS AND INDIVIDUAL CRISIS COUNSELING FOR VICTIMS NOT IN CASA'S SHELTER PROVIDE SUPPORT TO THOSE IN CRISIS. CASA PROVIDES PRESENTATIONS AND WORKSHOPS TO OVER 200 MEDIA, CIVIC, FRATERNAL, PROFESSIONAL, RELIGIOUS, SCHOOL, NEIGHBORHOOD AND OTHER GROUPS ANNUALLY. CASA'S COMMUNITY EDUCATION PROGRAM EMPHASIZES THAT "IT TAKES A WHOLE COMMUNITY TO STOP DOMESTIC VIOLENCE." THE PEACEMAKER PROGRAM PROVIDES HOLISTIC PEACE EDUCATION TO OVER 3,000 PRESCHOOLERS, ELEMENTARY AND MIDDLE SCHOOL CHILDREN IN A WIDE VARIETY OF CLASSROOMS AND SCHOOLS THROUGHOUT PINELLAS COUNTY, NURTURING A SENSE OF PEACE AND JUSTICE DURING CRITICAL TIMES IN CHILD DEVELOPMENT. PEACEMAKERS ALSO PROVIDE RESOURCES FOR TEACHERS TO CONTINUE THE PROGRAM IN THE CLASSROOMS.
ADDITIONAL INFORMATION	FORM 990, PART V	QUESTION 2B W-2S ARE FILED UNDER THE NAME OF THE PEO (COADVANTAGE) AND THE PEO FILES ALL NECESSARY EMPLOYMENT TAX RETURNS. THE NUMBER SHOWN ON LINE 2A IS BASED ON EMPLOYEES INCLUDED ON THE LAST PAYROLL IN DECEMBER 2012.
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	ALL BOARD MEMBERS ARE PROVIDED A COPY OF THE FORM 990 AND IT IS PRESENTED AT THE BOARD OF DIRECTORS' MEETING PRIOR TO BEING FILED.
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY THE BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY.
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION PROCESS INCLUDES AN ORGANIZATION-WIDE COMPENSATION STUDY COMPLETED BY EVERGREEN SOLUTIONS, LLC AND PRESENTED TO THE BOARD OF DIRECTORS IN MARCH 2008. THE EXECUTIVE DIRECTOR'S CONTRACT AND COMPENSATION REQUIRED FURTHER DELIBERATION BY THE EXECUTIVE COMMITTEE INCLUDING A REVIEW OF COMPARABLE DATA FROM THE CEO AND PRESIDENT OF THE FLORIDA COALITION AGAINST DOMESTIC VIOLENCE (FCADV) COMMITTEE AND BOARD DISCUSSION AND DECISIONS REGARDING COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE RESPECTIVE MEETINGS.
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION PROCESS INCLUDES AN ORGANIZATION-WIDE COMPENSATION STUDY COMPLETED BY EVERGREEN SOLUTIONS, LLC AND PRESENTED TO THE BOARD OF DIRECTORS IN MARCH 2008. COMMITTEE AND BOARD DISCUSSION AND DECISIONS REGARDING COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE RESPECTIVE MEETINGS.
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST, DEPENDING ON DOCUMENTS REQUESTED, THEY ARE EITHER SENT ELECTRONICALLY OR REVIEWED AT CASA'S ADMINISTRATIVE OFFICE.
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	SPECIAL EVENTS EXPENSE 18,672 BAD DEBT - PLEDGES 50,339 INTEREST IN CASA FOUNDATION 24,516 REIMBURSED EXPENSES 24,000 THRIFT SHOP EXPENSES -255,357 DIRECT BENEFIT TO DONOR -10,211 SPECIAL EVENTS EXPENSE -18,672 BAD DEBT - PLEDGES -50,339 REIMBURSED EXPENSES -24,000 THRIFT SHOP EXPENSES 255,357 DIRECT BENEFIT TO DONOR 10,211
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	NET ASSETS OF COMMUNITY ACTION STOPS ABUSE FOUNDATION, INC - 24,516

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY ACTION STOPS ABUSE INC

Employer identification number
59-2114359

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CASA FOUNDATION INC PO BOX 387 ST PETERSBURG, FL 33731 45-4485786	SUPPORT	FL	501C3		N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CASA FOUNDATION INC	B	50,000	CASH
(2) CASA FOUNDATION INC	D	18,000	CASH
(3) CASA FOUNDATION INC	N		SHARING OF FACILITIES
(4) CASA FOUNDATION INC	O		SHARING OF EMPLOYEES
(5) CASA FOUNDATION INC	Q	24,000	CASH

Schedule R (Form 990) 2012

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:
Software Version:
EIN: 59-2114359
Name: COMMUNITY ACTION STOPS ABUSE INC

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	SCHEDULE R ITEMS N AND O THE ORGANIZATION SHARES EMPLOYEES EQUIPMENT AND OTHER ASSETS WITH COMMUNITY ACTION STOPS ABUSE FOUNDATION INC FOUNDATION THE REIMBURSEMENTS PAID BY THE FOUNDATION COVER THE COST OF THESE AND OTHER ADMINISTRATIVE SERVICES

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