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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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

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)
2895 W GRAND RIVER AVENUE

Room/suite

City or town, state or country, and ZIP + 4
HOWELL, MI 48843

D

Employer identification number

38-2370824

E

Telephone number

(517) 548-1350

G

Gross receipts \$ 1,667,049

F

Name and address of principal officer
BOBETTE A SCHRANDT
2895 W GRAND RIVER AVENUE
HOWELL, MI 48843

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: ▶ 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 PROVIDE PREVENTION, EDUCATION AND AWARENESS TO STRENGTHEN FAMILIES AND MAKE OUR COMMUNITY SAFER
	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) 20
	4	Number of independent voting members of the governing body (Part VI, line 1b) 20
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) 52
Revenue	6	Total number of volunteers (estimate if necessary) 801
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0
	b	Net unrelated business taxable income from Form 990-T, line 34 0
Expenses	8	Contributions and grants (Part VIII, line 1h) 1,611,997
	9	Program service revenue (Part VIII, line 2g) 24,126
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,963
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -4,851
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,651,235
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 15,691
	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) 1,129,184
Net Assets or Fund Balances	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 96,427
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 414,506
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,559,381
	19	Revenue less expenses Subtract line 18 from line 12 91,854
Beginning of Current Year	20	Total assets (Part X, line 16) 2,498,361
	21	Total liabilities (Part X, line 26) 88,430
	22	Net assets or fund balances Subtract line 21 from line 20 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

2014-03-07

Date

Paid Preparer Use Only

Prnt/Type preparer's name
CATHLEEN S LORENZ CPA

Preparer's signature

Date
2014-03-07

Check ☐ if self-employed

PTIN
P00063640

Firm's name ▶ GODFREY HAMMEL DANNEELS & CO PC

Firm's EIN ▶ 38-1878652

Firm's address ▶ 21420 GREATER MACK AVENUE
ST CLAIR SHORES, MI 480802353

Phone no (586) 772-8100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

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 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 \$ 364,754 including grants of \$ 0) (Revenue \$)

ADULT DOMESTIC VIOLENCE SERVICES LACASA 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 AND FRIENDS IS CLIENT-CENTERED, CONFIDENTIAL, NON-JUDGMENTAL, AND FOCUSED ON AN EMPOWERMENT MODEL THERE IS NO CHARGE FOR THE SERVICES TO SURVIVORS AND THEIR FAMILY AND FRIENDS IN 2013, 4,751 NIGHTS OF SHELTER WERE PROVIDED FOR 133 SURVIVORS (75 WOMEN, 5 MEN AND 58 CHILDREN) LACASA'S SHELTER PROVIDES A SECURE, CONFIDENTIAL AND NON-VIOLENT ENVIRONMENT SAFE FROM ABUSE LACASA'S ON-SITE ANIMAL KENNEL PROVIDED 539 NIGHTS OF ANIMAL SHELTER FOR FAMILY PETS THE LEGAL ADVOCACY PROGRAM PROVIDED 755 SURVIVORS (547 FEMALES & 208 MALES) ASSISTANCE WITH THE CRIMINAL JUSTICE SYSTEM LACASA'S LEGAL ADVOCATES ASSISTED 60 INDIVIDUALS WITH DEVELOPING A PERSONAL PROTECTION ORDER (PPO) LACASA'S 24-HOUR ON-CALL SERVICE PROVIDED SUPPORT TO 310 SURVIVORS WHEN AN ASSAULT WAS REPORTED TO POLICE OR MEDICAL PERSONNEL ON-CALL TEAMS RESPONDED TO 310 CALLS (231 FEMALES & 79 MALES) BY OFFERING SURVIVORS INFORMATION AND REFERRALS, ADVOCACY AND ASSISTANCE WITH SAFETY PLANNING 24-HOUR TOLL-FREE CRISIS LINE SUPPORT IS AVAILABLE 365 DAYS A YEAR AND 2,633 CLIENTS RECEIVED ASSISTANCE THROUGH THE HELP-LINE INDIVIDUAL AND GROUP COUNSELING IS AVAILABLE TO SURVIVORS TO EXPLORE FEELINGS, CLARIFY ISSUES, REVIEW OPTIONS AND CREATE SAFETY PLANS 310 ADULT SURVIVORS (295 FEMALES & 15 MALES) TOOK ADVANTAGE OF THESE CLINICAL SERVICES IN 2013 ALL CLIENTS DEVELOP A SAFETY PLAN WHILE IN SERVICES, INCLUDING 117 INDIVIDUALS THAT DEVELOPED SAFETY PLANS THROUGH LACASA PER THE REQUEST OF THE LIVINGSTON COUNTY PROSECUTOR'S OFFICE IN ADDITION, LACASA WORKS WITH BUSINESSES AND AGENCIES TO IMPROVE THE SYSTEMIC RESPONSE TO DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE

4b

(Code) (Expenses \$ 169,198 including grants of \$ 0) (Revenue \$ 0)

ADULT SEXUAL ASSAULT PROGRAMLACASA'S SEXUAL ASSAULT SERVICES ADDRESS THE ISSUES OF SEXUAL ASSAULT, INCEST, STALKING, AND SEXUAL HARASSMENT SEXUAL ASSAULT SERVICES ARE DESIGNED TO RESPOND TO THE NEEDS OF SEXUAL ASSAULT VICTIMS AND THEIR FAMILIES AND FRIENDS SEXUAL ASSAULT COUNSELING WAS PROVIDED FOR 166 SURVIVORS (134 FEMALES & 32 MALES) IN 2013 THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM PROVIDED FORENSIC EVIDENCE COLLECTION AND MEDICAL TREATMENT FOR 6 VICTIMS OF SEXUAL ASSAULT IN ACCORDANCE WITH STANDARDS OF PRACTICE ESTABLISHED BY THE INTERNATIONAL ASSOCIATION OF FORENSIC NURSES (IAFN)

4c

(Code) (Expenses \$ 382,894 including grants of \$ 0) (Revenue \$ 0)

CHILDREN'S PROGRAM SERVICESLACASA PROVIDES ADVOCACY, SHELTER (WITH A PARENT), SUPPORT, AND COUNSELING SERVICES FOR CHILD VICTIMS WHO EXPERIENCE CHILD ABUSE (INCLUDING SEXUAL ABUSE), DATING VIOLENCE AND DOMESTIC VIOLENCE 373 CHILDREN (213 FEMALES & 160 MALES) RECEIVED INDIVIDUAL AND/OR GROUP CLINICAL SERVICES LACASA COMPLETED 213 FORENSIC CHILD ABUSE INTERVIEWS (131 FEMALES & 76 MALES) THROUGH THE CHILD ABUSE RESPONSE EFFORT (CARE) PROGRAM, WHICH PROVIDES A SAFE AND NON-THREATENING ENVIRONMENT FOR THE CHILDREN 84 INDIVIDUALS (ADULTS AND CHILDREN) WERE SERVED IN THE IN-HOME PROGRAM (48 FEMALES & 36 MALES) 20 CHILDREN WERE REFERRED FOR A TRAUMA ASSESSMENT AT LACASA (8 FEMALES & 12 MALES) THE COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM TAKES 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 33 VOLUNTEERS WERE ASSIGNED TO CASES THAT SERVICED A TOTAL OF 39 CHILDREN IN 2013 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 OR PARTICIPATED IN A WIDE RANGE OF AWARENESS AND EDUCATION CLASSES, CAMPAIGNS AND EVENTS, INCLUDING 39 EDUCATIONAL WORKSHOPS, 400 NURSE-LED ONE-ON-ONE PERIOD OF PURPLE CRYING PRESENTATIONS THAT WERE CONDUCTED IN COLLABORATION WITH THE HEALTH DEPARTMENT, AND 6 PUBLIC AWARENESS COMMUNITY EVENTS THESE ACTIVITES REACHED 1,711 PARTICIPANTS IN CLASSES AND 2,318 PARTICIPANTS IN AWARENESS EVENTS

(Code) (Expenses \$ 301,676 including grants of \$ 0) (Revenue \$ 0)

FAMILY AND COMMUNITY PREVENTION AND EDUCATION SERVICESTHE LACASA 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 0-3 LONG-TERM INTENSIVE HOME VISITS WERE PROVIDED FOR 102 CLIENTS IN CONJUNCTION WITH THE COUNTY DEPARTMENT OF HUMAN SERVICES, LACASA'S PARENT COACH PROGRAM PROVIDES SUPERVISED PARENTING TIME 99 CLIENTS (INCLUDING 15 FATHERS) RECEIVED SUPERVISED PARENT COACH SERVICES IN 2013 LACASA'S STRENGTHENING FAMILIES PROGRAM PROVIDED THREE 14 WEEK EVIDENCE-BASED PARENTING SKILLS CLASSES THAT SERVED 39 CLIENTS LACASA'S CREATING LASTING FAMILY CONNECTIONS PROGRAM CONDUCTED FIVE SEVEN WEEK PARENTING COURSES FOR PARENTS OF ADOLESCENTS WITH A SUBSTANCE ABUSE PREVENTION EMPHASIS THAT SERVED 55 CLIENTS THE FATHERS' ONLY PARENTING PROGRAM OFFERED TWO EIGHT WEEK PARENTING CLASSES THAT SERVED 20 MEN THE NURTURING PARENTING PROGRAM CONDUCTED THREE TEN WEEK PARENTING CLASSES THAT SERVED 28 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 THAT SERVED 262 CHILDREN THE LEGACY ALTERNATIVE HIGH SCHOOL PROGRAM PROVIDED A 14 WEEK LIFE SKILLS COURSE THAT SERVED 15 STUDENTS LACASA CONDUCTS COMMUNITY PREVENTION, EDUCATION AND PUBLIC AWARENESS ACTIVITIES ABOUT DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, SEXUAL HARASSMENT, STALKING, AND CHILD ABUSE LACASA CONDUCTED 88 COMMUNITY PRESENTATIONS THAT REACHED 1,697 INDIVIDUALS FROM BUSINESSES, THE FAITH COMMUNITY, CRIMINAL JUSTICE WORKERS, HUMAN SERVICE AGENCIES, MEDICAL PERSONNEL, CHILD CARE PROVIDERS, EMERGENCY RESPONSE TEAMS, AND SUBSTANCE ABUSE PROVIDERS 260 YOUTH PRESENTATIONS WERE PROVIDED IN THE MIDDLE AND HIGH SCHOOLS THROUGHOUT ALL LIVINGSTON COUNTY SCHOOL DISTRICTS REACHING 8,134 YOUTH IN ADDITION, LACASA PROVIDED FOUR COMMUNITY PUBLIC SERVICE SUBSTANCE ABUSE CAMPAIGNS THAT REACHED 800 INDIVIDUALS

(Code) (Expenses \$ 187,083 including grants of \$ 19,327) (Revenue \$ 0)

TRANSITIONAL HOUSING SERVICESLACASA PROVIDES TRANSITIONAL HOUSING AND SUPPORT SERVICES TO DOMESTIC VIOLENCE VICTIMS AND THEIR DEPENDENT CHILDREN 10,313 NIGHTS OF SAFE, AFFORDABLE HOUSING WERE PROVIDED ALONG WITH SUPPORTIVE SERVICES (COUNSELING AND CASE MANAGEMENT) FOR 36 CLIENTS (12 ADULT FEMALES AND 24 CHILDREN) IN 2013

(Code) (Expenses \$ 25,409 including grants of \$ 0) (Revenue \$ 19,289)

ASSAILANT COUNSELING SERVICESLACASA PROVIDES COUNSELING TO ADULT AND YOUTH WHO PERPETRATED VIOLENCE IN THEIR FAMILIES OR COMMUNITY IN 2013, THE DOMESTIC ABUSE INTERVENTION PROGRAM PROVIDED PSYCHO-EDUCATION SERVICES FOR 94 INDIVIDUALS WHO USE VIOLENCE, THREATS AND/OR FORCE IN THEIR RELATIONSHIPS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 514,168 including grants of \$ 19,327) (Revenue \$ 19,289)

4e

Total program service expenses

1,431,014

Form 990 (2012)

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		No
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		No
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		No
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.	6	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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.	2a	52
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	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
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	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?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
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 as charitable contributions?		6a	No
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	No
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	No
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	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 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	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
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	
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	
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	
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	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

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	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			
1b	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	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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 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	THE ORGANIZATION 2895 W GRAND RIVER AVENUE HOWELL, MI (517) 548-1350

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) BOBETTE SCHRANDT PRESIDENT & CEO	40 00	X		X				69,604	0	684
(2) MICHAEL J MURPHY BOARD CHAIR	3 00	X		X				0	0	0
(3) PAT CLAFFEY VICE CHAIR	2 00	X		X				0	0	0
(4) JUDIE SCRANTON SECRETARY	2 00	X		X				0	0	0
(5) JANICE TROUBA TREASURER	2 00	X		X				0	0	0
(6) RON DALY BOARD MEMBER	2 00	X						0	0	0
(7) LILITH DORR 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) DAN MICHALEK BOARD MEMBER	2 00	X						0	0	0
(13) MARY MILLAR BOARD MEMBER	2 00	X						0	0	0
(14) BONNIE J MILLER BOARD MEMBER	2 00	X						0	0	0
(15) PEGGI MINTZ BOARD MEMBER	2 00	X						0	0	0
(16) DAVID MORSE BOARD MEMBER	2 00	X						0	0	0
(17) JACKIE ROGERS BOARD MEMBER	2 00	X						0	0	0

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

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	69,604	0	684

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? <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	0
---	--	---

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	203,223			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,176,162			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	198,378			
	g	Noncash contributions included in lines 1a-1f \$		760			
	h	Total. Add lines 1a-1f		1,577,763			
Program Service Revenue	2a	PROGRAMS-SEE PT III	Business Code				
	b		900099	19,289	19,289		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		19,289			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,509		7,509
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		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)				
8a		Gross income from fundraising events (not including \$ 203,223 of contributions reported on line 1c) See Part IV, line 18					
		a	37,886				
		b	Less direct expenses	b	78,392		
c		Net income or (loss) from fundraising events . . .		-40,506		-40,506	
9a		Gross income from gaming activities See Part IV, line 19					
		a	16,290				
		b	Less direct expenses	b	0		
c		Net income or (loss) from gaming activities . . .		16,290		16,290	
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							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		1,588,657	19,289	0	-8,395	

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.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	19,327	19,327		
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.	81,106	40,553	36,498	4,055
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.	985,891	869,565	46,258	70,068
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	68,057	59,943	3,740	4,374
10	Payroll taxes.	104,124	89,515	7,507	7,102
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	11,900	9,051	1,313	1,536
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,506		1,506	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	41,142	34,119	4,574	2,449
12	Advertising and promotion.				
13	Office expenses.	55,379	45,275	7,304	2,800
14	Information technology.				
15	Royalties.				
16	Occupancy.	136,587	134,747	1,186	654
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	6,468	6,331	137	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	69,941	65,759	2,695	1,487
23	Insurance.	16,002	13,312	2,690	
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	VEHICLE EXPENSE	16,850	15,589	553	708
b	TELEPHONE	15,853	14,056	917	880
c	REPAIRS & MAINTENANCE	14,754	13,872	568	314
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	1,644,887	1,431,014	117,446	96,427
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			154,152	1	101,917
	2	Savings and temporary cash investments			16,264	2	326
	3	Pledges and grants receivable, net			224,829	3	213,503
	4	Accounts receivable, net			335	4	515
	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			13,264	8	14,024
	9	Prepaid expenses and deferred charges			24,356	9	10,307
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,853,453	1,778,867	10c	1,767,221
	b	Less accumulated depreciation	10b	1,086,232			
	11	Investments—publicly traded securities			257,427	11	271,184
	12	Investments—other securities See Part IV, line 11			23,345	12	24,033
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			5,522	15	4,843
16	Total assets. Add lines 1 through 15 (must equal line 34)			2,498,361	16	2,407,873	
Liabilities	17	Accounts payable and accrued expenses			49,604	17	54,172
	18	Grants payable				18	
	19	Deferred revenue			38,826	19	0
	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				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			88,430	26	54,172
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			2,251,712	27	2,160,701
	28	Temporarily restricted net assets			158,219	28	193,000
	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			2,409,931	33	2,353,701
	34	Total liabilities and net assets/fund balances			2,498,361	34	2,407,873

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,588,657
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,644,887
3	Revenue less expenses Subtract line 2 from line 1	3	-56,230
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,409,931
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,353,701

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
b	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	
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		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

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 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 ")	941,816	930,613	1,117,642	1,611,997	1,577,763	6,179,831
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	941,816	930,613	1,117,642	1,611,997	1,577,763	6,179,831
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						6,179,831

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	941,816	930,613	1,117,642	1,611,997	1,577,763	6,179,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,219	10,045	13,144	19,963	15,821	69,192
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)						6,249,023
12	Gross receipts from related activities, etc (see instructions)					12	269,122
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	98 890 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	98 630 %
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

► 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

2012

Open 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?		☐ 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	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 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

► \$ _____

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

	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	280,772	262,371	260,728	250,528	259,639
b Contributions					
c Net investment earnings, gains, and losses	17,015	20,881	4,636	14,656	2,480
d Grants or scholarships	1,065	-1,045	-527	1,776	1,294
e Other expenditures for facilities and programs					7,855
f Administrative expenses	1,506	-1,436	2,466	2,680	2,442
g End of year balance	295,216	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

100 000 %

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)

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		123,446		123,446
b Buildings		2,316,382	695,837	1,620,545
c Leasehold improvements				
d Equipment		404,788	381,558	23,230
e Other		8,837	8,837	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,767,221

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	1,681,209
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	14,160
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	78,392
e	Add lines 2a through 2d	2e	92,552
3	Subtract line 2e from line 1	3	1,588,657
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	
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	1,588,657

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,737,439
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	14,160
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	78,392
e	Add lines 2a through 2d	2e	92,552
3	Subtract line 2e from line 1	3	1,644,887
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	
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	1,644,887

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISIONS FOR INCOME TAXES HAVE BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION IS NOT CLASSIFIED AS A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, 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, 2011 AND AS OF SEPTEMBER 30, 2013 AND 2012 AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS EXIST THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES 78,392
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES 78,392

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))		
		<u>DENIM & DIAMONDS</u> (event type)	<u>DECK THE HALLS</u> (event type)	<u>4</u> (total number)			
	1	Gross receipts	118,872	28,308	93,929	241,109	
	2	Less Contributions . . .	103,209	26,583	73,431	203,223	
	3	Gross income (line 1 minus line 2)	15,663	1,725	20,498	37,886	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .					
	6	Rent/facility costs . . .					
	7	Food and beverages .					
	8	Entertainment					
	9	Other direct expenses .	48,894	4,708	24,790	78,392	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(78,392)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					-40,506

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		16,290	16,290
	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) ▶			
					16,290

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

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	1 000 %
b	An outside facility	13b	99 000 %

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

Name ▶ WILLIAM GRIER

Address ▶ 2895 W GRAND RIVER AVENUE
HOWELL, MI 48843

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 ▶ WILLIAM GRIER

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ PREPARES THE ORGANIZATION'S GAMING/SPECIAL EVENTS BOOKS AND RECORDS

☐ 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

Name of the organization
LACASA

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

Employer identification number
38-2370824

Part I General Information on Grants and Assistance

1

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

☐ 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

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

▶

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) TRANSITIONAL HOUSING	12		19,327 FMV		PROVIDE TRANSITIONAL HOUSING FOR VICTIMS OF DOMESTIC ABUSE

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation

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
LACASA**Employer identification number**

38-2370824

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S BOARD OF DIRECTORS MEETS AND REVIEWS THE FORM 990 BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE BOARD OF DIRECTORS AND MANAGEMENT EMPLOYEES COMPLETE A CONFLICT OF INTEREST FORM AND THE EXECUTIVE DIRECTOR REVIEWS ALL THE SUBMISSIONS
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DETERMINES APPROPRIATE COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST